

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 408609

(6)

1. Corporation Name

WEST COAST PROPELLER CO

Principal Place of Business

1901 HONDA ROAD
FT. MYERS FL 33907

Mailing Address

1901 HONDA ROAD
FT. MYERS FL 33907

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/12/1972

3a. Date of Last Report

05/01/1994

4. FBI Number

59-1415721

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

COURT, LYNN H.
16950 TIMBERLAKES DR
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	EICHBAUER, PAULA
STREET ADDRESS	16950 TIMBERLAKES DRIVE
CITY - ST - ZIP	CAPE CORAL FL 33908
TITLE	PD
NAME	COURT, LYNN H.
STREET ADDRESS	16950 TIMBERLAKES DRIVE
CITY - ST - ZIP	FT. MYERS FL 33908
TITLE	VD
NAME	COURT, EVA L
STREET ADDRESS	575 MORNINGSIDE DRIVE
CITY - ST - ZIP	BATTLE CREEK MI
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	226 S.E. 2ND STREET
1.4 CITY - ST - ZIP	CAPE CORAL, FL 33900
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	33908
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	DELETE
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	PAMELA VOIGT
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	VD COURT, PAMELA K.
5.3 STREET ADDRESS	16950 TIMBERLAKES DRIVE
5.4 CITY - ST - ZIP	FT. MYERS, FL 33908
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

LYNN H. COURT

4-24-95

Date

813-936-0158

Telephone