

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 23 PM 2: 58

DOCUMENT # **567725** (7)

1. Corporation Name  
**ROY D. WEST, INC.**

Principal Place of Business Mailing Address  
**644 CAPITAL CIRCLE, N.E.  
TALLAHASSEE FL. 32301  
US** **644 CAPITAL CIRCLE N.E.  
P.O. BOX 2371  
TALLAHASSEE FL 32301  
US**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification **04/04/1978** 3a. Date of Last Report **05/01/1994**  
4. FLE Number **59-1814982** Applied For  Not Applicable   
5. Certificate of State Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Expenses  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under § 199.001, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **644 Capital C. N.E.** 26 **644 Capital C. N.E.**  
Suite, Apt. #, etc. State, Apt. #, etc.  
22 **790 P.O. Box**  
City & State  
23 **Tallahassee, FL.** 28 **Tallahassee, FL.**  
City & State  
24 **32301** 25 **Leon** 29 **32301** 30 **Leon**  
Zip County Zip County

9. Name and Address of Current Registered Agent  
**WOLFE, LARRY S  
200-A JOHN KNOX ROAD  
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number, if Not Applicable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0503 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature of Registered Agent (Print Name and Title) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CORPORATE OFFICERS AND DIRECTORS	
TITLE <b>P</b>	NAME <b>CHITTENDEN, FLAGG</b>	TITLE <input type="checkbox"/> Chair <input type="checkbox"/> Add'l	
STREET ADDRESS <b>323 E PARK AVE</b>	CITY, ST, ZIP <b>TALLAHASSEE, FL 00000</b>	1. NAME	1. STREET ADDRESS
TITLE <b>S</b>	NAME <b>CHITTENDEN, GAIL S</b>	2. TITLE	2. NAME
STREET ADDRESS <b>323 E. PARK AVENUE</b>	CITY, ST, ZIP <b>TALLAHASSEE, FL 00000</b>	3. STREET ADDRESS	3. STREET ADDRESS
TITLE	NAME	4. TITLE	4. NAME
STREET ADDRESS	STREET ADDRESS	5. TITLE	5. NAME
CITY, ST, ZIP	CITY, ST, ZIP	6. TITLE	6. NAME
TITLE	NAME	7. TITLE	7. NAME
STREET ADDRESS	STREET ADDRESS	8. TITLE	8. NAME
CITY, ST, ZIP	CITY, ST, ZIP	9. TITLE	9. NAME
TITLE	NAME	10. TITLE	10. NAME
STREET ADDRESS	STREET ADDRESS	11. TITLE	11. NAME
CITY, ST, ZIP	CITY, ST, ZIP	12. TITLE	12. NAME

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and is true and correct, for the reporting period indicated on this filing. I understand that the information submitted on this annual report or supplemental report is true and correct, and that my signature shall be the same as the signature on the certificate of incorporation or other filing of this corporation in this state or in any other state. I understand that the information submitted on this filing appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Flagg L. Chittenden Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Flagg L. Chittenden Jr Pres.** 1/11/95 904 9425557