

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 21 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 567725 (7)

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



Principal Place of Business
664 CAPITAL CIRCLE N.E.
TALLAHASSEE FL 32301
US

Mailing Address
664 CAPITAL CIRCLE N.E.
TALLAHASSEE FL 32301-3514
US

3. Date Incorporated or Qualified 04/04/1978
3a. Date of Last Report 05/01/1996

4. FEI Number 59-1814982
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. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite Apt. #, etc. **22** City & State **23** Zip **24** Country **25**

2a. Mailing Address

26 Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85** Zip Code **FL**

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

1 TITLE: P DELETE
NAME: CHITTENDEN, FLAGG
STREET ADDRESS: 323 E PARK AVE
CITY-ST-ZIP: TALLAHASSEE, FL 00000

2 TITLE: S DELETE
NAME: CHITTENDEN, GAIL S
STREET ADDRESS: 323 E. PARK AVENUE
CITY-ST-ZIP: TALLAHASSEE, FL 00000

3 TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

4 TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5 TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6 TITLE: DELETE
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:
1.4 CITY-ST-ZIP:

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: *Flagg* **2/18/97** **9049425557**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)