

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 583185 (4)

1. Corporation Name

WESTERN HEMISPHERE SALES, INC.

Principal Place of Business

1803 US HIGHWAY 19
HOLIDAY FL 34691

Mailing Address

1803 US HIGHWAY 19
HOLIDAY FL 34691



3. Date Incorporated or Qualified

08/23/1978

3a. Date of Last Report

06/19/1995

4. FEI Number

59-1851193

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

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, RICHARD W.
1803 U.S. HWY #19
HOLIDAY FL 34691

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 officer 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 of Registered Agent or Director (if applicable)

Signature of Registered Agent (signature required on other filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1. TITLE ☐ Change ☐ Addition

NAME: PSTD
SPEER, RICHARD M.
STREET ADDRESS: 1803 U.S. HWY # 19
CITY-STATE-ZIP: HOLIDAY FL

2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

TITLE ☐ DELETE

2. TITLE ☐ Change ☐ Addition

NAME: ASD
SPEER, LISA L
STREET ADDRESS: 1803 US HWY 19
CITY-STATE-ZIP: HOLIDAY FL

22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE ☐ DELETE

3. TITLE ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE ☐ DELETE

4. TITLE ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE ☐ DELETE

5. TITLE ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE ☐ DELETE

6. TITLE ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

62 NAME
63 STREET ADDRESS
64 CITY-STATE-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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD M. SPEER

2/1/96

Exhibit Page #

CR2E034 (12/95)