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Feb 28 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 # 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 34691-5536

3. Date Incorporated or Qualified 08/23/1978
3a. Date of Last Report 02/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

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

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 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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

11 TITLE PD
12 NAME Richard M Speer
13 STREET ADDRESS 1803 US 19
14 CITY-ST-ZIP HOLIDAY FL 34691

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

21 TITLE VP
22 NAME LISA L SCHERER
23 STREET ADDRESS 1803 US 19
24 CITY-ST-ZIP HOLIDAY FL 34691

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE S/T/D
32 NAME Richard W Baker
33 STREET ADDRESS 1803 US 19
34 CITY-ST-ZIP HOLIDAY FL 34691

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

Richard W Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97
Date

Daytime Phone #

CR2E034 (9/96)