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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	WEST COAST CONSTRUC	TION, INC.			
Principal Piac	ce of Business	Mailing Address			Better Arfiel Alaze anner Arbei ellar
106 LARK AVE. BROOKSVILLE FL 34601		106 LARK AVE. BROOKSVILLE FL 34601		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a, Mailing Address		07/24/1981 4. FEI Number	Applied For
21		26		59-2158281	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	······		\$8.75 Additional
22		27		5. Certificate of Status Desired L.J	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25		30	Personal Property Tax due June 30.	🛛 Yes 🗌 No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	red Agent
DA	vis, ronald w		81 Name		
106 LARK AVE.		82 Street Addi	ress (P.O. Box Number is Not Acceptable)		
Brooksville, fl					
346	301		83		
			84 City		85 Zip Code
SIGNATURE	Signature, typod or printed name of registered ag	gool and title if applicable (NOTE	: Registered Agont signature requi		TE
12.		NO DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
NAME	ST Davis, Sandra		1.2 NAME		C Clinide C Monitor
STREET ADDRESS	106 LARK AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 00000		1.4 CITY-ST-ZIP		
TITLE	DP	DELETE	2.1 TITLE		Change Addition
NAME	DAVIS, RONALD		2.2 NAME		
STREET ADDRESS	108 LARK AVE.		2.3 STREET ADDRESS		
Crty-St-zip	BROOKSVILLE, FL 00000		2. 4 CITY - ST - ZIP		,
TITLE	VP .	☐ DELETE	3.1 TITL€		Change Addition
NAME	DAVIS, RONALD W, JR		3.2 NAME		
STREET ADDRESS	7425 GORDON LOOP		3.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 00000		3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME ATTRET ADDRESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME		L. Octob	5.2 NAME		Overage Modition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<i>t</i> .		5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME (A. U.S.		6.2 NAME		-
STREET ADDRESS			6.3 STREET ADDRESS		

14. I 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 ennual 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.

6.4 CITY - ST - ZIP

FILED

Apr 17 1998 8:00am

Secretary of State