

FILE NOW: FILING FEE IS \$61.25

FILED

May 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **714440** (5)

1. Corporation Name

**WEST SHORE BOARD OF TRADE, INC.**

Principal Place of Business

**250 WEST SHORE PLAZA  
TAMPA FL 33609  
US**

Mailing Address

**250 WEST SHORE PLAZA  
STE200  
TAMPA FL 33609  
US**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified  
**04/15/1968**

3a. Date of Last Report  
**07/19/1996**

4. FEI Number  
**69-1231768**

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

**JONES, JERRY  
250 W. SHORE PLAZA  
TAMPA FL 33609.**

10. Name and Address of New Registered Agent

81 Name **DEBRA KENT FAULK**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**250 WEST SHORE PLAZA**  
83  
84 City **TAMPA** FL 85 Zip Code **33609**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**5-21-97**

12. OFFICERS AND DIRECTORS		
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, ALEX</b>	
STREET ADDRESS	<b>241-A WEST SHORE PLAZA</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	<b>MURPHY, THOMAS</b>	
STREET ADDRESS	<b>317 WEST SHORE PLAZA</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	<b>JONES, JERRY</b>	
STREET ADDRESS	<b>200 N WEST SHORE BLVD, STE 200</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Susan Overman</b>	
2.3 STREET ADDRESS	<b>250 West Shore Plaza</b>	
2.4 CITY - ST - ZIP	<b>Tampa, FL 33609</b>	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>TOM MILES</b>	
3.3 STREET ADDRESS	<b>250 West Shore Plaza</b>	
3.4 CITY - ST - ZIP	<b>Tampa FL 33609</b>	
4.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DEBRA KENT FAULK</b>	
4.3 STREET ADDRESS	<b>250 WEST SHORE PLAZA</b>	
4.4 CITY - ST - ZIP	<b>TAMPA FL 33609</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0079180

CR2E037 (9/96)