

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **827984** (6)
1. Corporation Name
WESTBY CORPORATION

Principal Place of Business 5401 STATE RD 70 W LAKE PLACID FL 33852 US	Mailing Address PO BOX 800 ANDOVER NJ 07821 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/11/1972	
4. FEI Number 51-0115384		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent	

**GODWIN, L W
1284 SWEETWATER ROAD
P.O. BOX 1337
ZOLFO SPRINGS FL 33890**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASPERSEN, FINN M.W.	1.2 NAME	
STREET ADDRESS	WESTBY FARMS, MOHAWK RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER NJ	1.4 CITY-ST-ZIP	
TITLE	PDT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASPERSEN, BARBARA M.	2.2 NAME	
STREET ADDRESS	WESTBY FARMS, MOHAWK RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER NJ	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASPERSEN, FINN M.W. JR.	3.2 NAME	
STREET ADDRESS	WESTBY FARMS, MOHAWK RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER NJ	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASPERSEN, ERIK M.W.	4.2 NAME	
STREET ADDRESS	WESTBY FARMS, MOHAWK RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER NJ	4.4 CITY-ST-ZIP	
TITLE	VS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANSEN, LOIS	5.2 NAME	S
STREET ADDRESS	78 ROUTE 208	5.3 STREET ADDRESS	LUCILLE KEEGAN
CITY-ST-ZIP	ANDOVER NJ	5.4 CITY-ST-ZIP	268 MAIN STREET
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODWIN, L. WAYNE	6.2 NAME	
STREET ADDRESS	1284 SWEETWATER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ZOLFO SPRINGS FL	6.4 CITY-ST-ZIP	

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 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 registered agent 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 only in attachment with an address.

SIGNATURE _____

CR2E034 (10/97)