

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90129 024 ***150.00

DOCUMENT # 827984

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1972

4. FEI Number

51-0115384

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	CASPERSEN, FINN M.W.	
STREET ADDRESS	WESTBY FARMS, MOHAWK RD.	
CITY-ST-ZIP	ANDOVER NJ	
TITLE	PDT	<input type="checkbox"/> DELETE
NAME	CASPERSEN, BARBARA M.	
STREET ADDRESS	WESTBY FARMS, MOHAWK RD.	
CITY-ST-ZIP	ANDOVER NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CASPERSEN, FINN M.W. JR.	
STREET ADDRESS	WESTBY FARMS, MOHAWK RD	
CITY-ST-ZIP	ANDOVER NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CASPERSEN, ERIK M.W.	
STREET ADDRESS	WESTBY FARMS, MOHAWK RD	
CITY-ST-ZIP	ANDOVER NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KEEGAN, LUCILLE	
STREET ADDRESS	268 MAIN STREET	
CITY-ST-ZIP	GLADSTONE NJ 07934	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GODWIN, L. WAYNE	
STREET ADDRESS	1284 SWEETWATER ROAD	
CITY-ST-ZIP	ZOLFO SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Caspersen, Finn M.W.	
1.3 STREET ADDRESS	268 Main Street	
1.4 CITY-ST-ZIP	Gladstone, NJ 07934	
2.1 TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Caspersen, Barbara M.	
2.3 STREET ADDRESS	268 Main Street	
2.4 CITY-ST-ZIP	Gladstone, NJ 07934	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Caspersen, Finn M.W. Jr.	
3.3 STREET ADDRESS	268 Main Street	
3.4 CITY-ST-ZIP	Gladstone, NJ 07934	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Caspersen, Erik M.W.	
4.3 STREET ADDRESS	268 Main Street	
4.4 CITY-ST-ZIP	Gladstone, NJ 07934	
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 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 attached address, with all other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Finn M.W. Caspersen 3/8/99 (973) 786-5354

Date

Daytime Phone #

CR2E034 (11/98)