

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 838907

1. Corporation Name  
WESTMONT INDUSTRIES, INC.

Principal Place of Business  
10805 S. PAINTER AVE.  
SANTA FE SPRINGS CA 90670

Mailing Address  
10805 S. PAINTER AVE.  
SANTA FE SPRINGS CA 90670  
US

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 SEP 29 PM 12:31



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

06/06/1977

4. FEI Number

95-2880878

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

☐

Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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	D	<input checked="" type="checkbox"/> DELETE
NAME	MOREY, DALE L	
STREET ADDRESS	15017 LODOSA DRIVE	
CITY-STATE-ZIP	WHITTIER CA	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	NOGGLE, JAMES L	
STREET ADDRESS	19108 S MARTHA AVE	
CITY-STATE-ZIP	CERRITOS CA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARSHMAN, JOHN E	
STREET ADDRESS	204 E UTICA AVE	
CITY-STATE-ZIP	HUNTINGTON BC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MEIER, RAMON	
STREET ADDRESS	33288 MACKAY DRIVE	
CITY-STATE-ZIP	ELSINOR CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jim White	
1.3 STREET ADDRESS	10805 Painter Avenue	
1.4 CITY-STATE-ZIP	Santa Fe Springs, CA 90670	
2.1 TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Noggle, James L.	
2.3 STREET ADDRESS	10805 Painter Avenue	
2.4 CITY-STATE-ZIP	Santa Fe Springs, CA 90670	
3.1 TITLE	CB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Diane Henderson	
3.3 STREET ADDRESS	10805 Painter Avenue	
3.4 CITY-STATE-ZIP	Santa Fe Springs, CA 90670	
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Meier, Ramon	
4.3 STREET ADDRESS	10805 Painter Avenue	
4.4 CITY-STATE-ZIP	Santa Fe Springs, CA 90670	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 attachment with an address.

SIGNATURE:

*James L. Noggle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-24-99

Date

Daytime Phone #

012571

CR2E034 (5/99)