

05071999-90131-028-\$150.00-\$150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F96000005395

1. Corporation Name
WESTWAYNE, INC.

Principal Place of Business
401 EAST JACKSON STREET, SUITE 3600
TAMPA FL 33602

Mailing Address
401 EAST JACKSON STREET, SUITE 3600
TAMPA FL 33602

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90131 028 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

SOMMER, ZANDRA
401 EAST JACKSON STREET
TAMPA FL 33602

3. Date Incorporated or Qualified

10/17/1996

4. FEI Number

58-0906081

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

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 the if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

4.28.99

12. OFFICERS AND DIRECTORS

TITLE	COB	<input type="checkbox"/> DELETE
STREET ADDRESS	MASSEY, C K JR	
CITY-ST-ZIP	1100 PEACHTREE STREET, SUITE 1800	
TITLE	VCS	<input type="checkbox"/> DELETE
STREET ADDRESS	SMITH, SIDNEY L	
CITY-ST-ZIP	1100 PEACHTREE STREET, SUITE 1800	
TITLE	CFOT	<input type="checkbox"/> DELETE
STREET ADDRESS	FULLER, H T	
CITY-ST-ZIP	1100 PEACHTREE STREET, SUITE 1800	
TITLE	D	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	MACDONALD, MARTIN	
CITY-ST-ZIP	1100 PEACHTREE STREET, SUITE 1800	
TITLE	P	<input type="checkbox"/> DELETE
STREET ADDRESS	WEST, BENJAMIN B	
CITY-ST-ZIP	401 EAST JACKSON STREET, SUITE 3600	
TITLE	EDMEADES, MICHAEL	<input type="checkbox"/> DELETE
STREET ADDRESS	401 EAST JACKSON STREET, SUITE 3600	
CITY-ST-ZIP	TAMPA FL 33602	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

H. THOMAS FULLER

5-19-99

CR2E034 (1/98)