

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G12554** (3)

1. Corporation Name

WEST OHIO CORPORATION

Principal Place of Business

**% W. F. STARRETT
404 BLANCA AVENUE
TAMPA FL 33606**

Mailing Address

**% W. F. STARRETT
404 BLANCA AVENUE
TAMPA FL 33606**



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

**DANIELS, ELIZABETH
404 BLANCA AVE.
TAMPA FL 33606**

3. Date Incorporated or Qualified

12/09/1982

3a. Date of Last Report

04/27/1995

4. FEI Number

59-2243643

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

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

Elizabeth Daniels **Elizabeth Daniels**

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when not starting)

4/5/96

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SINK, EDITH V**
STREET ADDRESS **5117 NICHOL ST., S.**
CITY-ST-ZIP **TAMPA, FL 00000**

TITLE **D** ☐ DELETE
NAME **LEV, DIANE J**
STREET ADDRESS **14803 VILLAGE GLEN CIRC**
CITY-ST-ZIP **TAMPA, FL 00000**

TITLE **DP** ☐ DELETE
NAME **DANIELS, ELIZABETH L**
STREET ADDRESS **404 BLANCA AVE.**
CITY-ST-ZIP **TAMPA, FL 00000**

TITLE **D** ☐ DELETE
NAME **ACKLES, MELISSA B.**
STREET ADDRESS **2906 ESTRELLA ST.**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **SINK, JONATHAN W.**
STREET ADDRESS **5117 NICHOL ST., S.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Elizabeth Daniels **Elizabeth Daniels**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96

**813
229-1444**

CR2E034 (12/95)