

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL 18 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G56511

(0)

1. Corporation Name

WESTGATE PRINTING, INC.

Principal Place of Business

Mailing Address

C/O MARIE DUFFY
36308 C.R. 54
ZEPHYRHILLS FL 33541

C/O MARIE DUFFY
36308 C.R. 54
ZEPHYRHILLS FL 33541

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/24/1983

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2313804

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUFFY, MARIE E.
8661 AIRWAY

NEW PORT RICHEY FL 34654

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	DUFFY, MARIE
STREET ADDRESS	8661 AIRWAY BLVD.
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	VP
NAME	DUFFY, JAMES P.
STREET ADDRESS	8661 AIRWAY BLVD.
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	S
NAME	DUFFY, JAMES P., JR.
STREET ADDRESS	14550 BRUCE B DOWN BLVD
CITY-ST-ZIP	TAMPA FL
TITLE	T
NAME	DUFFY, MICHAEL
STREET ADDRESS	14550 BRUCE B DOWN BLVD
CITY-ST-ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	S
3.3 STREET ADDRESS	Duffy, James P.
3.4 CITY-ST-ZIP	8661 Airway Blvd. New Port Richey FL
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	T
4.3 STREET ADDRESS	Duffy, MARIE
4.4 CITY-ST-ZIP	8661 Airway Blvd New Port Richey FL
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(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:

Marie Elena Duffy MARIE ELENA DUFFY

7-14-95

813-788-4237

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

DATE

KEYWORD PREFIX