

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H81046 (5)

1. Corporation Name
WEST EDGE, INC.



Principal Place of Business Mailing Address
5798 W. SHORE DRIVE 5798 W. SHORE DRIVE
NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified 10/16/1985 3a. Date of Last Report 03/15/1995
4. FEI Number 59-2683005 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 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country
24 25 29 30

9. Name and Address of Current Registered Agent

PAPPAS, HARRY C
5798 W. SHORE DR.
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name Anessa Marie Pappas
82 Street Address (P.O. Box Number is Not Acceptable) same
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 *Angela Lynn Pappas* 6/14/96
(NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Vice President
NAME	PAPPAS, HARRY	1.2 NAME	Harry Pappas
STREET ADDRESS	5798 W. SHORE DR.	1.3 STREET ADDRESS	same
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	President
NAME	KREGAS, MILDRED	2.2 NAME	Anessa M. Pappas
STREET ADDRESS	5798 W. SHORE DR.	2.3 STREET ADDRESS	same
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Secretary / Treasurer
NAME		3.2 NAME	Angela Lynn Pappas
STREET ADDRESS		3.3 STREET ADDRESS	same
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Angela Lynn Pappas*
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/96

CR2E034 (3/96)