

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

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 MAR -8 PM 3:49	
DOCUMENT # H94032 (0)				
1. Corporation Name WEST COAST RENTAL PROPERTIES, INC.				
Principal Place of Business 8345 CONGRESS ST. PORT RICHEY FL 34668 US		Mailing Address 8345 CONGRESS ST. PORT RICHEY FL 34668 US		
		DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		3. Date Incorporated or Qualified 01/14/1986 3a. Date of Last Report 04/25/1994		
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		4. FEI Number 59-2631534 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		
9. Name and Address of Current Registered Agent TURNER, FRED L 8345 CONGRESS STREET PORT RICHEY FL 34668		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 <i>Fred L. Turner</i> (NOTE: Registered Agent signature required when reinstating) DATE				
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHATZ, EDWARD 6229-106TH AVENUE NORTH PINELLAS PARK FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS TURNER, MARILYN 5650 EAST ROAD HUDSON FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TURNER, FRED 17738 EAST RD HUDSON FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ 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: <i>Marilyn J. Turner</i> MARILYN J. TURNER SEC/TREAS 2-26 813 847-4836				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				