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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H97290

(1)

WESTCOAST BUILDERS OF NAPLES, INC.

FILED Mar 11 1998 8:00am Secretary of State



Principal Place of Busin	noss	Mailing Address					A.E.S B.B. 6	
229 CUTLASS LN APLES FL 33940		4229 CUTLASS LN NAPLES FL 33940			1			
					DO NOT WITH	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		SPACE	<u> </u>
					02/03/1986	ı		
2. Principal Place of B	usiness	2a. Mailing Address			4. FEI Number			Applied For
21		26			65-0045187		· ·	Not Applicable
Suite, Apt. #, etc.	,,,,,	Suite, Apt. #, etc.						Additional
22		27			5. Certificate of Status Desired			Required
City & State		City & State			6. Election Campaign Financing		\$5.0	O May Be
23		28			Trust Fund Contribution			d to Fees
Zip	Country	Zip	Cour	try	8. This corporation owes or has	paid the cur	rent year	Intangible
24	25	29	30		Personal Property Tax due Jui	ne 30. 🛚 🖺	Yes	□ No
	me and Address of Curren	t Registered Agent			10. Name and Address of New F	Registered	Agent	
DEANGELIS	S, RAYMOND P.		ì	31 Name				
4229 CUTL			-	Street	Address (P.O. Box Number is Not Accept	able)		
NAPLES FL				511991	Figure 30 (To Controlling is Not Accept			
,	· • •		1	33				
			-	4 City			06 7	p Code
]	14 City		FL	85 Zi	р Соов
11. Pursuant to the pro	visions of Sections 607.050:	2 arıd 607.1508, Florida State	utes, the ab	ove-named	corporation submits this statement for the poration's board of directors. I hereby acc	purpose of	changing	lts registered
office or registered	l agent, or both, in the State r with, and accent the obliga	of Florida, Such change was ations of, Section 607.0505, F	authorized	by the cor	poration's board of directors. I hereby acc	ept the app	ointment :	as registered
anent Lam familia				IAS.				
agent. I am familia	with, and accept the ornigi		TOTICA SIAIL	ies.				
agent. I am familia	god or printed name of registered agree				e fequired when reinstating)	DATE		
agent. I am familia		nt and time if applicable (NC			e fequired when reinstating) ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12
agent. I am familia SIGNATURE Signature. I	ped or printed name of registered age	nt and time if applicable (NC	OTE: Registered	Agent signaturi			DIRECTI	
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