FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # J20161 (2)

1. Corporation Name
WESTCOAST ASSOCIATES, INC.

[redacted]

Principal Place of Business	Mailing Address
32548 GREENWOOD LOOP ZEPHYRHILLS FL 33544	32548 GREENWOOD LOOP ZEPHYRHILLS FL 33544-5009

3. Date Incorporated or Qualified: 06/19/1986
3a. Date of Last Report: 06/04/1996

2. Principal Place of Business — 2a. Mailing Address
Street Apt. #, etc. — Street Apt. #, etc.
City & State — City & State
Zip — Country — Zip — Country

4. FEI Number: 59-2685302 ☐ 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

FOGLE, GEORGIA M.
32548 GREENWOOD LOOP
ZEPHYRHILLS FL 33544

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: (Signature of President or Vice President of Registered Agent and Title, if Applicable) (New Registered Agent's Signature, if Changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (#) 12		
TITLE	TS	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	FOGLE, GEORGIA M.		12 NAME		
STREET ADDRESS	32548 GREENWOOD LOOP		13 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL		14 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	FOGLE, ROBERT F.		22 NAME		
STREET ADDRESS	32548 GREENWOOD LOOP		23 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 4/29/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)

DO NOT DETACH THIS STUB

DO NOT WRITE OR MAKE ANY MARKS ON THIS S