

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **J35044** (3)

1. Corporation Name
WESTBAY MORTGAGE CO.

Principal Place of Business
**2429 ALT US 19 NO
PALM HARBOR FL 34683
US**

Mailing Address
**2429 ALT US 19 NO
PALM HARBOR FL 34683
US**

APPROVED
AND
FILED

95 APR -7 AM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/25/1986	3a. Date of Last Report 05/23/1994
4. FEI Number 59-2744579	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 21	2a. Mailing Address 25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 29

9. Name and Address of Current Registered Agent

**TRACY, JOHN
2860 BRIARWOOD LN
PALM HARBOR FL 34683**

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

John A. Tracy

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPT	NAME TRACY, JOHN	1.1 TITLE ☐ Change ☐ Addition	1.2 NAME
STREET ADDRESS 2860 BRIARWOOD LN	CITY, ST, ZIP PALM HARBOR FL	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP
TITLE DVS	NAME TRACY, MARILYN	2.1 TITLE ☐ Change ☐ Addition	2.2 NAME
STREET ADDRESS 2860 BRIARWOOD LN	CITY, ST, ZIP PALM HARBOR FL	2.3 STREET ADDRESS	2.4 CITY, ST, ZIP
TITLE	NAME	3.1 TITLE ☐ Change ☐ Addition	3.2 NAME
STREET ADDRESS	CITY, ST, ZIP	3.3 STREET ADDRESS	3.4 CITY, ST, ZIP
TITLE	NAME	4.1 TITLE ☐ Change ☐ Addition	4.2 NAME
STREET ADDRESS	CITY, ST, ZIP	4.3 STREET ADDRESS	4.4 CITY, ST, ZIP
TITLE	NAME	5.1 TITLE ☐ Change ☐ Addition	5.2 NAME
STREET ADDRESS	CITY, ST, ZIP	5.3 STREET ADDRESS	5.4 CITY, ST, ZIP
TITLE	NAME	6.1 TITLE ☐ Change ☐ Addition	6.2 NAME
STREET ADDRESS	CITY, ST, ZIP	6.3 STREET ADDRESS	6.4 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.01(7)(b), Florida Statutes. I further certify that the information submitted on this annual report or supplemental 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 liquidator 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 addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

JOHN A. TRACY - PRESIDENT

4/8/95 813) 787-8800