

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

2949 Alt. U.S 19 No.
Palm Harbor, Fl 34683
US

Mailing Address

2429 Alt. U.S. 19 No.
Palm Harbor, Fl. 34683
US

2. Principal Place of Business

21 13954 Hillsborough Ave
Suite, Apt #, etc.

2a. Mailing Address

26 13954 Hillsborough Ave
Suite, Apt #, etc.

3. Date Incorporated or Qualified
09/25/1986

3a. Date of Last Report
04/ /95

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

City & State

23 Tampa, Fl.

City & State

28 Tampa, Fl.

Zip Country

24 33635 US

Zip Country

29 33635 US

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Tracy, John
2860 Briarwood Ln.
Palm Harbor, Fl. 34683

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3869 Nottingham Dr.

83

84 City

Tarpon Springs

FL

85 Zip Code
34689

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

Signature, typed or printed name of registered agent and date if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE D/P/T ☐ DELETE
NAME Tracy, John
STREET ADDRESS 2860 Briarwood Ln.
CITY-ST-ZIP Palm Harbor, Fl.

TITLE D/V/S ☐ DELETE
NAME Tracy, Marilyn
STREET ADDRESS 2860 Briarwood Ln.
CITY-ST-ZIP Palm Harbor, Fl.

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 NAME
12 NAME
13 STREET ADDRESS 3869 Nottingham Dr.
14 CITY-ST-ZIP Tarpon Springs, Fl. 34689

21 NAME ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS 3869 Nottingham Dr.
24 CITY-ST-ZIP Tarpon Springs, Fl. 34689

31 NAME ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 NAME ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 NAME ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 NAME ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John A. Tracy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John A. Tracy

05/20/1996

813-818-1821

CR2E034 (12/95)