

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J79338

(6)

1. Corporation Name

PALMS WEST LIMITED, INC.



Principal Place of Business

Mailing Address

% THOMAS P. HALL
3443D TAMiami TRAIL
PORT CHARLOTTE FL 33952

% THOMAS P. HALL
3443D TAMiami TRAIL
PORT CHARLOTTE FL 33952

3. Date Incorporated or Qualified
06/17/1987

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 1312-7 Market Circle

26 1312-7 Market Circle

4. FEI Number

59-2830950

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 7

27 # 7

City & State

City & State

23 Port Charlotte FL

28 Port Charlotte FL

Zip Country

Zip Country

24 33953

25 U.S.A.

29 33953

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALL, THOMAS P.
3443D TAMiami TRAIL
PORT CHARLOTTE FL 33952

81 Name

Dennis J. Lord

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

1312-7 Market Circle

83

84 City

Port Charlotte

FL

85 Zip Code

33953

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 officer or printed name of registered agent, and date if applicable

USD Dennis J. Lord

4-22-96

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD ☐ DELETE

NAME LORD, DENNIS J.
STREET ADDRESS 4138 YUCATAN CIRCLE
CITY-STATE-ZIP PORT CHARLOTTE FL

TITLE PTD ☐ DELETE

NAME LORD, ETHEL
STREET ADDRESS 4138 YUCATAN CIRCLE
CITY-STATE-ZIP PORT CHARLOTTE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

USD Dennis J. Lord 4-22-96 941-7435200

Date

Daytime Phone

CR2E034 (12/95)