SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **K19771** **(0)**

1. Corporation Name

WESTO DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
274 WILSHIRE BLVD. SUITE 282 CASSELBERRY FL 32707	274 WILSHIRE BLVD. SUITE 282 CASSELBERRY FL 32707

3. Date Incorporated or Qualified: 03/30/1988
3a. Date of Last Report: 09/25/1995

2. Principal Place of Business	2a. Mailing Address
21 300 WILSHIRE BLVD.	26 300 WILSHIRE BLVD.
Suite, Apt. #, etc 22 SUITE 205	Suite, Apt. #, etc 27 SUITE 205
City & State 23 CASSELBERRY, FL	City & State 28 CASSELBERRY, FL
Zip 24 32707 Country 25 USA	Zip 29 32707 Country 30 USA

4. FEI Number: 59-2885060 ☐ 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

WRIGHT, LYNN W
2716 REW CIRCLE
SUITE 102
OCOEE FL 34761

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLIS, C. PHILIP 274 WILSHIRE BLD STE 282 CASSELBERRY FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition	300 WILSHIRE BLVD, SUITE 205 CASSELBERRY, FL 32707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUSSELL, JAMES B. 274 WILSHIRE, STE 282 CASSELBERRY FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition	300 WILSHIRE BLVD, SUITE 205 CASSELBERRY, FL 32707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVENPORT, RICHARD A. 274 WILSHIRE, STE 282 CASSELBERRY FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition	300 WILSHIRE BLVD, SUITE 205 CASSELBERRY, FL 32707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLE, WILLIAM W. JR 274 WILSHIRE, STE 282 CASSELBERRY FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition	300 WILSHIRE BLVD., SUITE 205 CASSELBERRY, FL 32707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS, GREGORY M. 274 WILSHIRE, STE 282 CASSELBERRY FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☒ Change ☐ Addition	300 WILSHIRE BLVD., SUITE 205 CASSELBERRY, FL 32707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C. PHILIP WALLIS C. Philip Wallis AUGUST 2, 1996 407-831-3999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000084 CR