

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K19771** (0)

1. Corporation Name

WESTO DEVELOPMENT, INC.

Principal Place of Business

**300 WILSHIRE BLVD
STE. 205
CASSELBERRY FL 32707
US**

Mailing Address

**300 WILSHIRE BLVD.
STE 205
CASSELBERRY FL 32707-5369
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/30/1988

3a. Date of Last Report

08/07/1996

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
OCOE 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 607.0532 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 typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	WALLIS, C. PHILIP	
STREET ADDRESS	300 WILSHIRE BLVD, STE. 205	
CITY- ST- ZIP	CASSELBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUSSELL, JAMES B.	
STREET ADDRESS	300 WILSHIRE BLVD., STE. 205	
CITY- ST- ZIP	CASSELBERRY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVENPORT, RICHARD A.	
STREET ADDRESS	300 WILSHIRE BLVD., STE. 205	
CITY- ST- ZIP	CASSELBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLE, WILLIAM W. JR	
STREET ADDRESS	300 WILSHIRE BLVD., STE. 205	
CITY- ST- ZIP	CASSELBERRY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, GREGORY M.	
STREET ADDRESS	300 WILSHIRE BLVD., STE. 205	
CITY- ST- ZIP	CASSELBERRY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

C. Philip Wallis **C. PHILIP WALLIS**

APRIL 2, 1997 407-831-3999

CR2E034 (9/96)