

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**APPROVED
AND
FILED**

95 APR 28 PM 2:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # K24264****(9)**

1. Corporation Name

WESTERMOR INC.

Principal Place of Business

Mailing Address

**% TERRY ROSCOE
9550-6 BAYMEADOWS RD
JACKSONVILLE FL 32258****% TERRY ROSCOE
9550-6 BAYMEADOWS RD
JACKSONVILLE FL 32258**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/19/1988

3a. Date of Last Report

04/20/1994

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

4. FEI Number

59-2900174

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

10. Name and Address of New Registered Agent

**ROSCOE, TERRY
9550-6 BAYMEADOWS RD
JACKSONVILLE FL 32258**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	HENDERSON, G. WESLEY
STREET ADDRESS	903 RIVER OAKS RD
CITY - ST - ZIP	JACKSONVILLE FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	D
NAME	ROSCOE, TERRY
STREET ADDRESS	108 LAGUNA VILLAS BLVD, #D5
CITY - ST - ZIP	JACKSONVILLE BCH FL

2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	DIRECTOR
2.3 STREET ADDRESS	ROSCOE, TERRY
2.4 CITY - ST - ZIP	102 LAGUNA VILLAS BLVD #H5 JACKSONVILLE BEACH, FL 32250

TITLE	D
NAME	YOUNG, MORRIS
STREET ADDRESS	10113 WHIPPOWILL LANE
CITY - ST - ZIP	JACKSONVILLE FL

3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

6.1 TITLE	☐ Change ☐ 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 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:

*Terry A. Roscoe***TERRY A. ROSCOE****4/25/95****904-737-7774**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number