

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 # K24264 (9)

1. Corporation Name

WESTERMOR INC.



Principal Place of Business

Mailing Address

% TERRY ROSCOE

~~8550-B BAYMEADOWS RD~~
~~JACKSONVILLE FL 32256~~

% TERRY ROSCOE

~~8550-B BAYMEADOWS RD~~
~~JACKSONVILLE FL 32256~~

2. Principal Place of Business

21 9926 Baymeadows Rd

Suite, Apt. #, etc.

22

City & State
23 JACKSONVILLE, FL

Zip Country
24 32256 25 DUVAL

2a. Mailing Address

26 9926 Baymeadows Rd

Suite, Apt. #, etc.

27

City & State
28 JACKSONVILLE, FL

Zip Country
29 32256 30 DUVAL

3. Date Incorporated or Qualified

05/19/1988

3a. Date of Last Report

04/28/1995

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

ROSCOE, TERRY

~~8550-B BAYMEADOWS RD~~
~~JACKSONVILLE FL 32256~~

10. Name and Address of New Registered Agent

81 Name

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

9926 Baymeadows Rd.

83

84 City JACKSONVILLE

FL

85 Zip Code 32256

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 the corporation

(Print Registered Agent signature and date of filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HENDERSON, G. WESLEY

STREET ADDRESS 903 RIVER OAKS RD

CITY-STATE-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME ROSCOE, TERRY

STREET ADDRESS 102 LAGUNA VILLAS BLVD H5

CITY-STATE-ZIP JACKSONVILLE BCH FL

TITLE D ☐ DELETE

NAME YOUNG, MORRIS

STREET ADDRESS 10113 WHIPPOWILL LANE

CITY-STATE-ZIP JACKSONVILLE 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 Director ☒ Change ☐ Addition

1.2 NAME HENDERSON, G. WESLEY

1.3 STREET ADDRESS 1245 EUTAW PLACE

1.4 CITY-STATE-ZIP JACKSONVILLE, FL 32207

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY A. ROSCOE

4/29/96

904-737-7774

Daytime Phone #

CR2E034 (12/95)