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Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K46182 (7)
1. Corporation Name
WESTERN APPALACHIAN SPECIALTY PROJECTS, INC.



Principal Place of Business Mailing Address
% WILLIAM T. MOORE
2005 N. HALIFAX DRIVE
DAYTONA BEACH FL 32118

3. Date Incorporated or Qualified 11/15/1988	3a. Date of Last Report 04/26/1996
4. FEI Number 59-2934896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

9. Name and Address of Current Registered Agent	
MOORE, WILLIAM T. 2005 N. HALIFAX DRIVE DAYTONA BEACH FL FL 32118	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	MOORE, WILLIAM T.
STREET ADDRESS	2005 N HALIFAX DR
CITY - ST - ZIP	DAYTONA BCH. FL
TITLE	VST <input checked="" type="checkbox"/> DELETE
NAME	MOORE, WILLIAM, T, III
STREET ADDRESS	27 HIGHLAND AVE
CITY - ST - ZIP	ORMOND BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MOORE, WILLIAM, T, III
STREET ADDRESS	27 HIGHLAND AVE
CITY - ST - ZIP	ORMOND BEACH FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	MOORE, MOLLY, E
STREET ADDRESS	117 PINE TREE DR
CITY - ST - ZIP	ORMOND BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KAY D. MOORE
1.3 STREET ADDRESS	2005 N. HALIFAX DR.
1.4 CITY - ST - ZIP	DAYTONA BCH, FL 32118
2.1 TITLE	WILLIAM T. MOORE III <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAM T. MOORE III
2.3 STREET ADDRESS	27 HIGHLAND AVE.
2.4 CITY - ST - ZIP	ORMOND BEACH, FL. 32174
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: William T. Moore III DATE: 1-6-97 (904) 253-7676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)