

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:17

DOCUMENT # **K55572 (7)**
1. Corporation Name
WESTBROOK SERVICE CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
1411 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32805

3. Date Incorporated or Qualified **12/27/1988** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2924166** 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

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. Zip Country 29. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**COATS, ROSETTA C.
1411 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32805**

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 _____

12. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	MATTHEWS, OWEN STROUD
STREET ADDRESS	2034 COVE TRAIL
CITY-ST-ZIP	MAITLAND FL
TITLE	D
NAME	PORCH, RALPH RICHARD
STREET ADDRESS	411 WESTMINSTER ST
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	SCHAUBLE, JAMES HENRY
STREET ADDRESS	315 PICKERING COURT
CITY-ST-ZIP	LONGWOOD FL
TITLE	D
NAME	FABER, CRAIG OWEN
STREET ADDRESS	5011 LIDO ST
CITY-ST-ZIP	ORLANDO FL
TITLE	T
NAME	GLANCY, DANIEL G
STREET ADDRESS	5409 ENDICOTT PL
CITY-ST-ZIP	OVIEDO FL
TITLE	D
NAME	HAMILTON, ROBERT DWAIN
STREET ADDRESS	4384 CARROLWOOD ST.
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or incorporation 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 of this report, or on an attachment with an address.

SIGNATURE: *Daniel G. Glancy* DANIEL G. GLANCY 2-9-95 407-841-3310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)