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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

1998 DOCUMENT # K56887 I. Corporation Name WESTCO PRODUCTS, INC.  Principal Place of Business Mailing Address 4336 4TH ST. NO. STE B ST. PETERSBURG FL 33703 US  DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/10/1989  2. Principal Place of Business  2a. Mailing Address  4. FEI Number 50 00000577	
### ### ##############################	AT BEBLE DIVER FOR I
4336 4TH ST. NO.  STE B  ST. PETERSBURG FL 33703  US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  01/10/1989  2. Principal Place of Business  2a. Mailing Address  4. FEI Number	
01/10/1989           2. Principal Place of Business         2a. Mailing Address         4. FEI Number	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	
00 PA AAA1P19	Applied For
21 26 59-2924517	Not Applicable
The control of the co	75 Additional e Required
- Coolin Sumpagni matching - W	.00 May Be ded to Fees
Zip Country Zip Country 8. This corporation owes or has paid the current year	
24 25 29 30 Personal Property Tax due June 30. Yes	□ No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  81 Name	
GLEIM, HOLDER D.	
870 SAND PINE DRIVE NE ST PETERSBURG FL 33703	
83	
84 City 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 change 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	ng its registered
agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.	as regionales
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	TORS IN 12
TITLE V DELETE 1.1 TITLE Cha	nge 🔲 Addition
NAME GLEIM, HOLGER D. 12 NAME	
STREET ADDRESS 870 SAND PINE DRIVE NE 1.3 STREET ADDRESS	
CITY-ST-ZIP ST PETERSBURG FL 1.4 CITY-ST-ZIP	4
THILE OPST DELETE 21 THLE	nge 🔲 Addition
NAME GLEIM, DEANNA L  STREET ADDRESS 870 SAND PINE DRIVE NE  2.2 NAME 2.3 STREET ADDRESS	
AT DETERMBLED CL	
CITY-ST-ZIP         \$1 PETERSBURG FL         2.4 CITY-ST-ZIP           TITLE         DELETE         3.1 TITLE	nge Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 34. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE ' Char	nge 🔲 Addition
NAME 4.2 NAME	
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CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TiTLE         Chan	nge
NAME 52 NAME	& Manight
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE Char	nge 🔲 Addition
TITLE DELETE 6.1 TITLE L Char  NAME 6.2 NAME	nge L_] Addition
	nge L_] Addition

14. I 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 one an attachment with an address.

CICLIATURE

Lama & She

1/12.44

8/3 522 5351

**FILED** 

Mar 03 1998 8:00am