PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K56887

1. Corporation Name

WESTCO PRODUCTS, INC.

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Principal Place of Business . Mailing Address							81)	E EIEII 1EDI	
4336 4TH ST. NO.		4336 4TH ST. N.							
STE B		STE B				DO NOT WRITE IN THIS SPACE			
ST. PETERSBURG FL 33703		ST. PETERSBURG FL 33703 US				3. Date incorporated or Qualifed			
US		03				01/10/1989			
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Appli	ed For	
─ , '	ace of Dusiness	26	,			59-2924517		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				_ \$8	8.75 Add	ditional	
22		27	7			5. Certificate of Status Desired	Fee Requ	ired	
City & State		City & State				6. Election Campaign Financing	55.00 ма	ay Be	
23		28	:8			Trust Fund Contribution	Added to f	Fees	
Zip	Country Zip Co			ry		8. This corporation owes the current year Intangib		, l	
24		29 3	0			Personal Property Tax.]No	
	9. Name and Address of Curren	t Registered Agent		<u> </u>		10. Name and Address of New Registered Ager	it		
CLE	M HOLGED D		8	1 Name	3				
GLEIM, HOLGER D. 870 SAND PINE DRIVE NE			8	2 Stree	t Addres	ess (P.O. Box Number is Not Acceptable)			
	ETERSBURG FL 33703		L.						
ŞI F	ETENSBUNG FE 33703		8	3					
	•		8	4 City		FL 85	Zip Co	de	
		O and CO7 4500 Florida Statutos	thoobo		d como		ging its re		
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 ai	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	ia Statute	es.		يا بدايه	40		
SIGNATURE	the wind of the	to the same	Passassa A	ent signature	e required :	when reinstating) DATE			
12.	Signature, typed or printed name of registered ager OFFICERS AN	ID DIRECTORS	13.	Jenit signature	s required t	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTOR	S IN 12	
TITLE	V	☐ DELETE	1.1 TITLE		\top		Change	Addition	
NAME	GLEIM, HOLGER D.		1.2 NAME	Ę.				{	
STREET ADDRESS	870 SAND PINE DRIVE NE		1.3 STRE	ET ADDRESS	s				
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY	-ST-ZIP					
TITLE	DPST	☐ DELETE	2.1 TITLE				Change	Addition	
NAME	GLEIM, DEANNA L		2.2 NAM	E				1	
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •		2.3 STRE	EET ADDRESS	s				
CITY-ST-ZIP	ST PETERSBURG FL		2. 4 CITY	-ST-ZIP					
TITLE	,	☐ DELETE	3,1 TITLE	=			Change	☐ Addition	
NAME			3.2 NAM	E					
STREET ADDRESS			3.3 STRE	ET ADDRES	s				
CITY-ST-ZIP			3.4. CITY	-ST-ZIP					
πιε		☐ DELETE	4.1 TITLE				Change	☐ Addition	
NAME			4. 2 NAV	KE.		·			
STREET ADDRESS	*		4.3 STRE	ET ADDRES	s			[
CITY-ST-ZIP			4.4 CITY	-ST-ZIP	<u> </u>				
TITLE		☐ DELETE	5.1 TITLE			. \Box	Change	Addition	
NAME			5.2 NAM	E				ļ	
STREET ADDRESS				EET ADDRESS	s			{	
CITY-ST-ZIP	·		5.4 CITY		—	·	01	□ 4 2 220 cc	
TITLE		☐ DELETE	6.1 TITL			. Ц	Change	☐ Addition	
NAME		•	6.2 NAM		Ì				
CTDEET ADODESC	J		■ 6.3 STRE	EET ADDRES	SI				

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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90085 038 ***150.00