

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L39833

(3)

1. Corporation Name

THE WEST END, INC.

FILED

96 AUG 28 AM 10: 37

SECRETARY OF STATE



Principal Place of Business

Mailing Address

2045 WEST PENSACOLA STREET
TALLAHASSEE FL 32304

ANDREA V. POLK
C/O 2045 WEST PENSACOLA STREET
TALLAHASSEE FL 32304

3. Date Incorporated or Qualified

01/03/1990

3a. Date of Last Report

08/10/1995

2. Principal Place of Business

2a. Mailing Address

21 The West End Tower

26 3240 Harsco Bldg.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 (same)

27 Tallahassee

City & State

City & State

23

City & State

28

City & State

24

Zip

Country

29

Zip

Country

32312

FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POLK, ANDREA V.
2045 WEST PENSACOLA STREET
TALLAHASSEE FL 32304

81 Name

Andrea V. Polk

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

3240 Harsco Bldg. 2045 W Pensacola St

83

84 City

Tallahassee

FL

85 Zip Code

32312

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 agent, 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]

Signature typed (last name, first name, and title) (Typed Registered Agent signature required when registering)

(Typed Registered Agent signature required when registering)

7/20/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/96

DATE

5713250

DAYTIME PHONE

CR2E034 (3/96)