

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90171 029 ***150.00

DOCUMENT # L55288

1. Corporation Name

WEST SEMINOLE INVESTMENT CORP.

Principal Place of Business

~~2101 WEST S.R. 434, STE 103~~
~~LONGWOOD FL 32779~~
US

Mailing Address

~~2101 WEST S.R. 434, STE 103~~
~~LONGWOOD FL 32779~~
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1990

4. FEI Number

59-2994800

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 366 E. GRAVES Ave

2a. Mailing Address

26 366 E. GRAVES Ave

Suite, Apt. #, etc.

22 Suite B

Suite, Apt. #, etc.

27 Suite B

City & State

23 ORANGE City, FL

City & State

28 ORANGE City, FL

Zip

24 32763

Country

25 USA

Zip

29 32763

Country

30 USA

9. Name and Address of Current Registered Agent

DOWD, MICHAEL E

~~2101 WEST S.R. 434, STE 103~~
~~LONGWOOD FL 32779~~

10. Name and Address of New Registered Agent

81 Name

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

366 E. GRAVES Ave.

83 Suite B

84 ORANGE City

FL

85 Zip Code
32763

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME DOWD, MICHAEL E

STREET ADDRESS ~~2101 WEST S.R. 434, STE 103~~

CITY-ST-ZIP ~~LONGWOOD FL 32779~~

TITLE VP ☐ DELETE

NAME DOWD, ROBERT H

STREET ADDRESS ~~2101 WEST S.R. 434, STE 103~~

CITY-ST-ZIP ~~LONGWOOD FL 32779~~

TITLE S ☐ DELETE

NAME WILSON, JOAN E

STREET ADDRESS ~~2101 WEST S.R. 434, STE 103~~

CITY-ST-ZIP ~~LONGWOOD FL 32779~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

366 E. GRAVES Ave. Suite B
ORANGE City, FL. 32763

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

366 E. GRAVES Ave. Suite B
ORANGE City, FL. 32763

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

366 E. GRAVES Ave. Suite B
ORANGE City, FL. 32763

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

E. Michael Dowd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 (904) 774-9318
Date Daytime Phone #

CR2E034 (11/98)