ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96335 (9)

1. Corporation Name
641 WEST, INC.

Principal Place of Business	Mailing Address
2999 STATE RD 44 W DELAND FL 32720	2999 STATE RD 44 W DELAND FL 32720

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/28/1990
3a. Date of Last Report: 06/14/1994

2. Principal Place of Business
21 2244 Hontoon Rd.
Suite, Apt. #, etc. 22
City & State 23: DeLand, FL
Zip 24: 32720 Country 25: USA

2a. Mailing Address
26 2244 Hontoon Rd.
Suite, Apt. #, etc. 27
City & State 28: DeLand, FL
Zip 29: 32720 Country 30: USA

4. FEI Number: 59-3124441 ☐ 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

9. Name and Address of Current Registered Agent

JORGENSEN, TERRY L
2999 STATE ROAD 44 WEST
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name: Denise M. Jorgensen
82 Street Address (P.O. Box Number is Not Acceptable): 2244 Hontoon Rd.
83
84 City: DeLand FL 85 Zip Code: 32720

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: Denise M. Jorgensen 4-26-95
Signature, typed or printed name of individual with authority if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVD	11 TITLE	P/V/S/ T/D	☒ Change ☐ Addition
NAME	JORGENSEN, TERRY L.	12 NAME	Jorgensen, Denise M.	
STREET ADDRESS	2999 STATE RD 44 W	13 STREET ADDRESS	2244 Hontoon Rd.	
CITY-ST-ZIP	DELAND FL	14 CITY-ST-ZIP	DeLand, FL 32720	
TITLE	STD	21 TITLE		☐ Change ☐ Addition
NAME	JORGENSEN, DENISE M.	22 NAME		
STREET ADDRESS	2999 STATE RD 44 W	23 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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.

SIGNATURE: Denise M. Jorgensen 4-26-95 (904)736-2424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000647 CP