

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 10: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28939 (9)

1. Corporation Name

FLORIDA WEST COAST REGION AAC, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/20/1988	3a. Date of Last Report 01/20/1994
4. FEI Number 59-2682346	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		Mailing Address	
% MARJORIE B. MILLS 6331-11TH AVENUE SOUTH GULFPORT FL 33707		% MARJORIE B. MILLS 6331-11TH AVENUE SOUTH GULFPORT FL 33707	
21. Principal Place of Business	26. Mailing Address		
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.		
23. City & State	28. City & State		
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MILLS, MARJORIE B. 6331 11TH AVE SO. GULFPORT FL 33707				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	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 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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMAN, BOB	1.2 NAME	BROWN, FRANK
STREET ADDRESS	4363-38TH WAY, SO.	1.3 STREET ADDRESS	7400 Bay Street N.E.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL..33702 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MHALKO, BILL	2.2 NAME	HOUFF, JIM 34642
STREET ADDRESS	6813 GEORGE LYNCH DRIVE	2.3 STREET ADDRESS	10023, 109th St N. Seminole, FL
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHISSEL, PAT	3.2 NAME	COURTER, JENNIE
STREET ADDRESS	300 NO LINCOLN AVE	3.3 STREET ADDRESS	14962 Crown Drive
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Largo, FL 34644
TITLE	V	4.1 TITLE	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKARD, JOHN	4.2 NAME	
STREET ADDRESS	14988 IMPERIAL POINT DR., N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, MARJORIE B.	5.2 NAME	
STREET ADDRESS	6311-11TH AVE., SO.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDON, NELSON	6.2 NAME	WARRINGTON, HAROLD
STREET ADDRESS	2872 ROBERTA ST.	6.3 STREET ADDRESS	7449 16th St. No.
CITY-ST-ZIP	LARGO FL	6.4 CITY-ST-ZIP	St. Petersburg, FL..33702

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Block 11B.07(3)(4), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marjorie B. Mills **MARJORIE B. MILLS, P.**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **1-14-95** **(013)3452398**

 Date Day/Mo/Yr