

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N28939** (9)

1. Corporation Name
FLORIDA WEST COAST REGION AACA, INC.



Principal Place of Business: % MARJORIE B. MILLS, 6331-11TH AVENUE SOUTH, GULFPORT FL 33707
Mailing Address: % MARJORIE B. MILLS, 6331-11TH AVENUE SOUTH, GULFPORT FL 33707

3. Date Incorporated or Qualified: 10/20/1988
3a. Date of Last Report: 04/18/1995
4. FEI Number: 59-2682346
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

2. Principal Place of Business
21. % JOHN N. BLACKARD
Suite, Apt. #, etc.
22. 14968 Imperial Pt. Dr. No.
City & State
23. LARGO, FL.
Zip
24. 34644
Country
25. USA
2a. Mailing Address
26. % JOHN N. BLACKARD
Suite, Apt. #, etc.
27. 14968 Imperial Pt. Dr. No.
City & State
28. LARGO, FL.
Zip
29. 34644
Country
30. USA

9. Name and Address of Current Registered Agent
MILLS, MARJORIE B.
6331 11TH AVE SO.
GULFPORT FL 33707

10. Name and Address of New Registered Agent
81. Name: JOHN N. BLACKARD
82. Street Address (P.O. Box Number is Not Acceptable): 14968 Imperial Point Dr. No.
83.
84. City: LARGO, FL
85. Zip Code: 34644

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: John N. Blackard
Signature, typed or printed name of registered agent and state if applicable
(NOTE: Registered Agent signature required when reinstating)
Date: 1/25/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, FRANK	
STREET ADDRESS	7400 BAY STREET N.E.	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HOUFF, JIM	
STREET ADDRESS	10023, 109TH ST N.	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COURTER, JENNIE	
STREET ADDRESS	14962 CROWN DRIVE	
CITY - ST - ZIP	LARGO FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BLACKARD, JOHN	
STREET ADDRESS	14968 IMPERIAL POINT DR., N.	
CITY - ST - ZIP	LARGO FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MILLS, MARJORIE B.	
STREET ADDRESS	6311-11TH AVE., SO.	
CITY - ST - ZIP	GULFPORT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WARRINGTON, HAROLD	
STREET ADDRESS	7449 16TH ST. NO	
CITY - ST - ZIP	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JOHN N. BLACKARD	
13 STREET ADDRESS	14968 Imperial Point Dr. No.	
14 CITY - ST - ZIP	Largo, Fl. 34644	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	FRANK BROWN	
43 STREET ADDRESS	7400 Bay Sreet N.E.	
44 CITY - ST - ZIP	St. Petersburg, Fl	
51 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	ED McNULTY	
53 STREET ADDRESS	3041 Cedar Trace	
54 CITY - ST - ZIP	Tarpon Srings, Fl. 34689	
61 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Betty Warrington	
63 STREET ADDRESS	7449 16th St. No.	
64 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 Section 199.032(k), 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: *John N. Blackard* JOHN N. BLACKARD 1/25/96 (813) 595-7554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)