ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

FILED
95 APR 20 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002923 (1)

1. Corporation Name
WESTERN ROVERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
120 DYER STREET NICEVILLE FL 32578	P O BOX 21 NICEVILLE FL 32588-0021

3. Date Incorporated or Qualified: 07/02/1993
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-3195419 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21 509 Moss Oak Ln	26 P. O. Box 762		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23 Niceville FL	City & State 28 Niceville FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24 32578 Country 25 Okaloosa	Zip 29 32588-0762 Country 30 Okaloosa	8. This corporation has liability for intangible tax (refer to Florida Statutes) ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LUKE, WILLIAM C 120 DYER STREET NICEVILLE FL 32578	81 Name: Drake, Berry F. 82 Street Address (P.O. Box Number is Not Acceptable) 83 509 Moss Oak Ln 84 City: Niceville FL 85 Zip Code: 32578

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: Berry Drake 4 Feb 95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE P/D	President P/D	☒ Change ☐ Addition
NAME	LUKE, WILLIAM C	12 NAME	Berry F. Drake	
STREET ADDRESS	120 DYER STREET	13 STREET ADDRESS	509 Moss Oak Ln	
CITY-ST-ZIP	NICEVILLE FL	14 CITY-ST-ZIP	Niceville FL 32578	
TITLE	V	21 TITLE V/D	Vice President V/D	☒ Change ☐ Addition
NAME	DRAKE, BERRY F	22 NAME	Kathy Blanton	
STREET ADDRESS	509 MOSS OAK LANE	23 STREET ADDRESS	Rt. 9 Box 447	
CITY-ST-ZIP	NICEVILLE FL 32578	24 CITY-ST-ZIP	DeFuniak Springs FL 32433	
TITLE	ST	31 TITLE ST/D	Secretary/Treasurer ST/D	☒ Change ☐ Addition
NAME	DRAKE, SANDRA L	32 NAME	Kerry L. Drake	
STREET ADDRESS	509 MOSS OAK LANE	33 STREET ADDRESS	208 Reeves St #11	
CITY-ST-ZIP	NICEVILLE FL 32578	34 CITY-ST-ZIP	Niceville FL 32578	
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)(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.

(904) 678-6095

SIGNATURE: Kerry Drake SECRETARY/TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/04/95
Daytime Phone #

007A079