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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business

SIGNATURE:

N93000002923 (1)

Mailing Address

WESTERN ROVERS, INC.

Suite, Apt. #, etc. 22 City & State City & State 28 Zip Zip Country Zip Country 29 30 9. Name and Address of Current Registered Agent LUKE, DIANE 7 KELLY WAY NICEVILLE FL 32578	tion's board of directors. I hereby accept the appointment as registered red when reliatating) DATE
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State 28 Zip Country Zip Country 29 30 9. Name and Address of Current Registered Agent LUKE, DIANE 7 KELLY WAY NICEVILLE FL 32578 81 Name B1 Name B2 Street Address B3 // B4 City /// 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)	5. Certificate of Status Desired
Suite, Apt. #, etc. Suite, Apt. #, etc.	5. Certificate of Status Desired
City & State City & State Zip Zip Country Zip Country Zip Country Zip Sirect Address of Current Registered Agent B1 Name LUKE, DIANE 7 KELLY WAY NICEVILLE FL 32578 B3 // B4 City LUKE, DIANE 7 KELLY WAY NICEVILLE FL 32578 B3 // B4 City NICEVILLE FL 32578 B3 // B4 City NICEVILLE FL 32578 B3 // B4 City NICEVILLE FL 32578 City N	Fee Required 6. Election Campaign Financing Trust Fund Contribution 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 7. Name and Address of New Registered Agent 7. CKE, DIANE 7. The Code Statutes 7. The Code Statutes 8. Zip Code
City & State 23 Zip Country 25 29 30 9. Name and Address of Current Registered Agent LUKE, DIANE 7 KELLY WAY NICEVILLE FL 32578 11. Pursuant to the provisions of Sections 617 0502 and 617.1508, Florida Statutes, the above-named corporation agent. I arm familiar with, and accept they obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature require	6. Election Campaign Financing Trust Fund Contribution 3. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 10. Name and Address of New Registered Agent CKE, DIANE ress (P.O. Box Number is Not Acceptable) HARDING CEVICE FL 85 Zip Code 33518 Doration submits this statement for the purpose of changing its registered from's board of directors. I hereby accept the appointment as registered red when reliating) DATE
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature require	red when reinstating) DATE
Signature, typed or printed name of registered/agent and title if applicable (NOTE: Registered Agent signature require	***
12 OFFICEDS AND DIDECTORS 12	ADDITIONICALIANOES TO OFFICERS AND DIRECTORS IN 10
	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD DELETE 1.1 TITLE PL	
NAME LUKE, DIANE 1.2 NAME	exe, Diane 146 Harding 168111c FL 32518
STREET ADDRESS 7 KELLY WAY 1.3 STREET ADDRESS	144 Harding
	iceville FL 32578
TITLE VPO DELETE 2.1 TITLE VP	
NAME BRANTON, KATHY 22 NAME	ake, Berry
The state of the s	ng Moss dak un
	ceville PC 32578
TITLE STD DELETE 3.1 TITLE ST	
	rake, Kerry
STREET ADDRESS 205 REEVES ST. #11 3.3 STREET ADDRESS 7	Kelly way
CITY-ST-ZIP NICEVILLE FL 3.4. CITY-ST-ZIP Va	uparaiso FL 33580
TITLE DELETE 4.1 TITLE	Change Addit
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CITY-ST-ZIP 44 CITY-ST-ZIP	Channa Talda
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	Lui Cianye Lui Audi
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STREET ADDRESS 63 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated	d in Section 119 07/3Vi) Florida Statutas I further certify that the
information indicated on this annual report or supplemental annual report is true and accurate and that	t my signature shall have the same legal effect as if made under oath;
I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.	rt as required by Chapter 617, Florida Statutes; and that my name