

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N93000002923 (1)**

1. Corporation Name

WESTERN ROVERS, INC.

Principal Place of Business

Mailing Address

**7 KELLY WAY
NICEVILLE FL 32578
US****P. O. BOX 762
NICEVILLE FL 32588-0762
US**3. Date Incorporated or Qualified
07/02/19933a. Date of Last Report
01/31/1996

4. FEI Number

59-3195419Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**29****30**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

10. Name and Address of New Registered Agent

**LUKE, DIANE
7 KELLY WAY
NICEVILLE FL 32578**

b1 Name

LUKE, DIANE

b2 Street Address (P.O. Box Number is Not Acceptable)

b3

146 HARDING

b4 City

NICEVILLE**FL**

b5 Zip Code

32578

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 *Diane Luke*
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 ☐ DELETE
NAME **PD LUKE, DIANE**
STREET ADDRESS **7 KELLY WAY**
CITY - ST - ZIP **NICEVILLE FL**1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Luke, Diane**
1.3 STREET ADDRESS **146 Harding**
1.4 CITY - ST - ZIP **Niceville FL 32578**TITLE ☐ DELETE
NAME **VPD BRANTON, KATHY**
STREET ADDRESS **ROUTE 9 BOX 447**
CITY - ST - ZIP **DEFUNIAK SPRINGS FL**2.1 TITLE **VPD** ☒ Change ☐ Addition
2.2 NAME **Drake, Berry**
2.3 STREET ADDRESS **509 Moss Oak Ln**
2.4 CITY - ST - ZIP **Niceville FL 32578**TITLE ☐ DELETE
NAME **STD DRAKE, KERRY L**
STREET ADDRESS **205 REEVES ST. #11**
CITY - ST - ZIP **NICEVILLE FL**3.1 TITLE **STD** ☒ Change ☐ Addition
3.2 NAME **Drake, Kerry**
3.3 STREET ADDRESS **7 Kelly way**
3.4 CITY - ST - ZIP **Valparaiso FL 33580**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kerry Drake **KERRY DRAKE**Date **1/11/97**Deputy Phone # **837-6563**

CR2E037 (9/96)