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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002923

1. Corporation Name

WESTERN ROVERS, INC.

Principal Place of Business

7 KELLY WAY
NICEVILLE FL 32578
US

Mailing Address

P. O. BOX 762
NICEVILLE FL 32588-0762
US


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1569 Meadowbrook Ct.		28		07/02/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3195419	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Niceville		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24 32578 25 US		29		30	

9. Name and Address of Current Registered Agent

LUKE, DIANE
146 HARDING
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name	KATHY BLANTON
82 Street Address (P.O. Box Number is Not Acceptable)	389 BROWN MASON ROAD
83	
84 City	DEFUNIAK SPRINGS FL
85 Zip Code	32433

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 *Kathy Blanton*

(NOTE: Registered Agent signature required when reinstating)

4-13-99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	LUKE, DIANE	1.2 NAME	KATHY BLANTON
STREET ADDRESS	146 HARDING	1.3 STREET ADDRESS	389 BROWN MASON RD
CITY-ST-ZIP	NICEVILLE FL	1.4 CITY-ST-ZIP	DEFUNIAK SPGS, FL 32433
TITLE	VD	2.1 TITLE	VD
NAME	DRAKE, BERRY	2.2 NAME	LARRY COX
STREET ADDRESS	509 MOSS OAK LANE	2.3 STREET ADDRESS	133 VALENCIA DRIVE
CITY-ST-ZIP	NICEVILLE FL	2.4 CITY-ST-ZIP	NICEVILLE, FL 32547
TITLE	STD	3.1 TITLE	STD
NAME	DRAKE, KERRY	3.2 NAME	FAYE NORMAN
STREET ADDRESS	7 KELLY WAY	3.3 STREET ADDRESS	1569 Meadowbrook Ct.
CITY-ST-ZIP	VALPARAISO FL	3.4 CITY-ST-ZIP	Niceville, FL 32578
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Faye Norman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

850-244-9210

Date

Daytime Phone #

CR2E037 (1/198)