

**FILED**  
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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

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

\* 3 6 4 0 2 0 - 9 0 1 9 3 - 3 9 \*



2. Principal Place of Business 21 1569 Meadowbrook Ct.	2a. Mailing Address 28 P. O. BOX 762, NICEVILLE FL 32588-0762, US	3. Date Incorporated or Qualified 07/02/1993
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-3195419
23 City & State Niceville	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 32578, Country US	29 Zip, Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 32133
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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 DATE: 4-13-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: LUKE, DIANE	1.1 TITLE: PD	NAME: KATHY BLANTON
STREET ADDRESS: 146 HARDING	CITY-ST-ZIP: NICEVILLE FL	1.2 NAME:	1.3 STREET ADDRESS: 389 BROWN MASON RD
		1.4 CITY-ST-ZIP: DEFUNIAK SPGS, FL 32133	
TITLE: VD	NAME: DRAKE, BERRY	2.1 TITLE: VD	NAME: LARRY COX
STREET ADDRESS: 509 MOSS OAK LANE	CITY-ST-ZIP: NICEVILLE FL	2.2 NAME:	2.3 STREET ADDRESS: 133 VALENCIA DRIVE
		2.4 CITY-ST-ZIP: NICEVILLE, FL 32547	
TITLE: STD	NAME: DRAKE, KERRY	3.1 TITLE: STD	NAME: FAYE NORMAN
STREET ADDRESS: 7 KELLY WAY	CITY-ST-ZIP: VALPARAISO FL	3.2 NAME:	3.3 STREET ADDRESS: 1569 Meadowbrook Ct.
		3.4 CITY-ST-ZIP: Niceville, FL 32578	
TITLE:	NAME:	4.1 TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	4.3 STREET ADDRESS:
		4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	5.3 STREET ADDRESS:
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	6.3 STREET ADDRESS:
		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 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, with all other like empowered.

SIGNATURE: Faye Norman DATE: 2/3/99 DAYTIME PHONE: 850-244-9210

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