## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1330			
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DOCUMENT # N93000002930 (6)

	LORIDA WEST COAST CO-	OP, INC.				
Principal Place	e of Business	Mailing Address		1 10011101 EIE 18111 BEILL BEILL BEILL	s aneit adrie kasin isdan 1848a (inst 64)1 ENA	
3400 4TH STREET N P.O. BOX 40888 ST PETERSBURG FL SUITE 102-C ST PETERSBURG FL 33743		3743				
		US		3. Date Incorporated or Qualified 06/24/1993	3a. Date of Last Report 03/15/1995	
1	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt	# etc	Suite, Apt. #, etc.		59-3190573	Not Applicable	
22		27		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State	e	City & State		Election Campaign Financing		
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zιρ	Country	8. This corporation has liability for		
24	9. Name and Address of Current	29	30		Yes No	
	9. Name and Address of Current	i Hegistered Agent	81 Name	10. Name and Address of New F	legistered Agent	
MILLICAL	N, JOSEPH		Name			
	N, JUGERN BUNTRY CLUB ROAD NORTH		82 Street Ari	ldress (P.O. Box Number is Not Acceptal	ole)	
	RSBURG FL 33710		83			
			84 City		FL 85 Zip Code	
familiar wi	red agent, or both, in the State of Florid th, and accept the obligations of, Section Signature, speed or printed rank of nuistured agent a	on 617.0503, Florida Statutes	eo by the corporation s bo s.	oration submits this statement for the pubard of directors. I hereby accept the app	ointment as registered agent. I am	
12.	OFFICERS AND		TE Rugistere i Agent signature requi	ADDITIONS/CHANGES TO OFF	OATE	
TILE	D	DELETE	1 1 TITLE	72.0.10.00	Change  Addition	
NAME	GOODWILL, DAVID		1.2 NAME			
STREET ADDRESS	13238 N. DALE MABRY HWY		1.3 STREET ADDRESS			
CI*Y+ST-ZIP	TAMPA FL		14 LIV - ST - ZIP			
li'tF	D	DELETE	21: LE		☐ Change ☐ Addition	
NAME	KENDALL, WILLIAM		2.2 ME			
STREET ADDRESS	3914 S. DALE MABRY HWY TAMPA FL		2 3 EET ADDRESS			
TITLE	D IAMPA FL	DELETE	2 + Y-S1-ZIP 3 1 LE			
NAME	STRAW, CLAUDIA	Прене	31 LE 32 <b>M</b> E		☐ Change ☐ Addition	
STREET ADDRESS	25704 US 19 NORTH		3.3 EET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 34623		3 4. Y - ST - 2IP			
TITLE .		DELETE	41 6		Change Addition	
NAME			4 2 VIE		_ ,	
STREET ADDRESS			4.3 SLEET ADDRESS			
C-1 Y - S1 - ZIP	10479 6 4		4 4 0° Y-ST-ZIP			
TITLE		DELETE	51 TRIE		Change Addition	
NAME OVERE LEBEROS			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
C(TY - ST - ZIP TITLE		DELETE	54 City-St ZiP			
NAME		-Jocett	6 1 TITLE 6 2 NAME		Change Addition	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST- ZIP			6 4 CITY - ST - ZIP			
	y certify that the information supplied wi	ith this filing is voluntarily furn	ished 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 employed 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: SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3 837-877/