

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000005229 (7)

1. Corporation Name

WEST COAST COORDINATION, INC.

Principal Place of Business

Mailing Address

2749 1ST AVE. NORTH  
ST. PETERSBURG FL 33713

2749 1ST AVE. NORTH  
ST. PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/11/1996

3a. Date of Last Report

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OGLE, PEGGY A  
2749 1ST AVE. NORTH  
ST. PETERSBURG FL 33713

81 Name

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

83

84 City

FL

85 Zip Code

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

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 D ☐ DELETE

NAME GROUTAGE, MARK T  
STREET ADDRESS 1917 DEKLE AVE.  
CITY-ST-ZIP TAMPA FL 33606

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME J. Patrick Doyle  
1.3 STREET ADDRESS 112 S. 12th Street  
1.4 CITY-ST-ZIP Tampa, Florida 33602

TITLE D ☐ DELETE

NAME GROVE, DIANE  
STREET ADDRESS 170 47TH AVE. N.E.  
CITY-ST-ZIP ST. PETERSBURG FL 33703

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME OGLE, PEGGY A  
STREET ADDRESS 224 CORDOVA BLVD. N.E.  
CITY-ST-ZIP ST. PETERSBURG FL 33704

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME PATRICK, JAMES W  
STREET ADDRESS 1917 DEKLE AVE.  
CITY-ST-ZIP TAMPA FL 33606

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME WHITE, DIANE K  
STREET ADDRESS 224 CORDOVA BLVD. N.E.  
CITY-ST-ZIP ST. PETERSBURG FL 33704

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 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 J. Patrick Doyle

05 SEPTEMBER 1997

FILED  
Sep 12 1997 8:00am  
Secretary of State



CR2E037 (4/97)