

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 AM 8:25

DOCUMENT # P21233

(2)

1. Corporation Name

WESTWARD HO, INC.

Principal Place of Business

3090 LEXINGTON ROAD
NICHOLASVILLE KY 40356-9797

Mailing Address

3090 LEXINGTON ROAD
NICHOLASVILLE KY 40356-9797

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/10/1988

3a. Date of Last Report

06/20/1994

4. FEI Number

61-1161802

Applied For

Not Applicable

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

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

ANDERS, PAMELA C.
4717 U.S. HIGHWAY 27 NORTH-1
DAVENPORT FL 33837

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE

PD

NAME

MUSICK, WAYNE

STREET ADDRESS

3090 LEXINGTON ROAD

CITY - ST - ZIP

NICHOLASVILLE KY

TITLE

VST

NAME

CARSON, MARGUERITE

STREET ADDRESS

3090 LEXINGTON ROAD

CITY - ST - ZIP

NICHOLASVILLE KY

TITLE

D

NAME

CARSON, MARGUERITE

STREET ADDRESS

3090 LEXINGTON ROAD

CITY - ST - ZIP

NICHOLASVILLE KY

TITLE

NAME

STREET ADDRESS

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CITY - ST - ZIP

11 TITLE

12 NAME

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wayne Musick
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

6-17-95

Date

Signature / Name #