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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # P9200006723

WEST COAST TAX SERVICE OF ST. PETERSBURG, INC.

ncipal Place of Business

Mailing Address

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90011 044 ***150.00



PETERSB	REET SOUTH BURG FL 33705	P.O. BOX 13235 ST. PETERSBURG FL 3	3733					•
US					-	DO NOT WRITE IN TH	IIS SPACE	
			÷			Date incorporated or Qualifed 11/23/1992	· · · · ·	
Principal	Place of Business	2a. Mailing Address				4. FEI Number		
٠.		26					·	pplied For
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			-	59-3151550		lot Applicable
	1.00	27				5. Certificate of Status Desired		Additional
City & Sta	ate .	City & State	· · ·				Fee R	lequired
,		— ·				6. Election Campaign Financing	\$5.00	May Be
Žip	C	28				Trust Fund Contribution		to Fees
-ip	Country	Zip	Cou	untry	,	8. This corporation owes the current year		
	25	29	30			Personal Property Tax.	Yes	₩No
	9. Name and Address of Curr	rent Registered Agent		\Box		10. Name and Address of New Registere		J2110
МС	INTYDE DODERT	residential		81	Name	The state of the s	u Agein	
IVIC	INTYRE, ROBERT L	6 7 8 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		\square	l			
	0 6TH ST S			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
ST	PETERSBURG FL 33705					and the second of the second o	Carrie Board Separati	t 1 3 25 35 27 1
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<u>ar Larr</u>	eliteration encourage an	For the state of t		f - 1	City		85 Zip	Code
Pursuant	t to the provisions of Sections 607.0	502 and 607.1508. Florida Stat	utes the at	hove	-named come	Cration out with this state	<u> </u>]
Office or	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was	authorized	by t	the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the appe	of changing its	registered
,		gations of, Section 607.0505, F	lorida Statu	utes.		and a second tribinary according approximately	omaniem as re	Gisteled
VATURE	SI					100		· •
	Signature, typed or printed name of registered a		TE: Registered	Agent	signature required	when reinstating) DATE		
	P	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
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TADDRESS	WEAVER, DONALD H	☐ DELETE		Œ		<u> </u>	Change	Addition
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pereby 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 dicated 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 accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate and that my name appears in section 119.07(3)(i), Florida Statutes. I further certify that the information in Section 119.07(3)(i), Florida Statutes. I further certify that the information in Section 119.07(3)(i), Florida Statutes. I further certify that the information in Section 119.07(3)(i), Florida Statutes. I further certify that the information in Section 119.07(3)(i), Florida Statutes. I further certify that the information in Section 119.07(3)(i), Florida Statutes. I further certify that I am an accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate a

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