

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000000182 (4)

1. Corporation Name

WESTCHESTER LAND COMPANY, INC.



Principal Place of Business

1861 PLACIDA ROAD
SUITE 204
ENGLEWOOD FL 34223
US

Mailing Address

1861 PLACIDA ROAD
SUITE 204
ENGLEWOOD FL 34223
US

3. Date Incorporated or Qualified
01/04/1993

3a. Date of Last Report
08/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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4. FEI Number
65-0395386

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BATSEL, C G
% BATSEL MCKINLEY & ITTERSAGEN P.A.
SUITE 204
ENGLEWOOD FL 34223

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 607.0102 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 607.0501, Florida Statutes.

SIGNATURE

Signature of Tax Preparer (If the corporation is a partnership, the tax preparer is the partner who is the registered agent.)

Signature of Registered Agent (Signature required after re-electing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
DP	BATSEL, C. GUY	1861 PLACIDA ROAD, STE 204	ENGLEWOOD FL	☐
DVST	LORICCO, CARLO J.	3005 CARING WAY	PORT CHARLOTTE FL	☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
				☐
				☐
				☐
				☐
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				☐
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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 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 its successors 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, as changed or confirmed, with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlo J. Loricco
CARLO J. LORICCO

2/5/96

941-629-1197

CR2E034 (12/95)