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

APPROVED AND FILED

95 MAR -2 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000017099 (1)

1. Corporation Name
WEST CENTRAL SERVICES, INC.

Principal Place of Business	Mailing Address
2234 OVERVIEW DRIVE NEW PORT RICHEY FL 34655	2234 OVERVIEW DRIVE NEW PORT RICHEY FL 34655

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/08/1993
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business
21 2703 LOTELA PLACE
22 Suite, Apt. #, etc.
23 City & State: HOLIDAY, FL
24 Zip: 34691 25 Country: USA

2a. Mailing Address
26 PO BOX 3573
27 Suite, Apt. #, etc.
28 City & State: HOLIDAY, FL
29 Zip: 34690-0573 30 Country: USA

4. FEI Number: 59-3172520 ☐ 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

HAYWARD, ROBERT
2234 OVERVIEW DRIVE
NEW PORT RICHEY FL 34655

10. Name and Address of New Registered Agent

81 Name: ROBERT HAYWARD CHANGE ADDRESS ONLY
82 Street Address (P.O. Box Number is Not Acceptable): 2703 LOTELA PLACE
83
84 City: HOLIDAY, FL 85 Zip Code: 34691

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: Robert Hayward ROBERT HAYWARD 2/28/95
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	PSTD	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	HAYWARD, ROBERT	1.2 NAME	ROBERT HAYWARD	
STREET ADDRESS	2234 OVERVIEW DRIVE	1.3 STREET ADDRESS	2703 LOTELA PLACE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	1.4 CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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 fiduciary 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: Robert Hayward ROBERT HAYWARD 2/28/95 8139370474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072020 CR