

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000047400 (5)

1. Corporation Name

REFLECTIONS WEST CORP.



Principal Place of Business

4110 S FLORIDA AVE
LAKELAND FL 33813

Mailing Address

4110 S FLORIDA AVE
LAKELAND FL 33813

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/07/1993

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3192420

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

10. Name and Address of New Registered Agent

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 then applicable)

(NOTE: Registered Agent Signature required when fee is stated)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
STEPHENS, DONALD K
4110 S FLORIDA AVE
LAKELAND FL 33813

TITLE ☐ DELETE

VSTD
ADAMS, ROBERT J
4110 S FLORIDA AVE
LAKELAND FL 33813

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS

CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS

CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS

CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS

CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE
22 NAME
23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE
32 NAME
33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE
42 NAME
43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE
62 NAME
63 STREET ADDRESS

64 CITY- ST- ZIP

600001774686
-04/10/96--01006--014
***200.00

☐ Change ☐ Addition

49-96512

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONALD K. STEPHENS

3/13/96 (941) 646-5881
Date
Signature Doc # X226

CR2E034 (12/95)