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
95 AUG -7 AM 11:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000049938 (2)

1. Corporation Name
WESTFALL ASSOCIATES, INC.

Principal Place of Business
5063 SE 37TH AVE
OCALA FL 34480-8520

Mailing Address
POST OFFICE BOX 71074
OCALA FL 34471-0074
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/05/1993
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business
21 2943 S.E. 17th Street
Suite, Apt. #, etc.
22
City & State
23 Ocala, Fl
Zip
24 34471
County
25 Marion

2a. Mailing Address
26 2943 S.E. 17th Street
Suite, Apt. #, etc.
27
City & State
28 Ocala, FL
Zip
29 34471
County
30 Marion

4. FEI Number: 59-3192158 — 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

WADE, DANIEL J
3501 NE 10 ST
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name: Wade, Daniel J.
82 Street Address (P.O. Box Number is Not Acceptable): 227 S.E. 8th St.
83
84 City: Ocala FL 85 Zip Code: 34471

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	D ☒ Change ☐ Addition
NAME	WESTFALL, RICHARD B	1 2 NAME	Westfall, Richard B
STREET ADDRESS	5063 SE 37TH AVE	1 3 STREET ADDRESS	2943 S.E. 17th Street
CITY-ST-ZIP	OCALA FL 34480-8520	1 4 CITY-ST-ZIP	Ocala, Florida 34471
TITLE	D	2 1 TITLE	D ☒ Change ☐ Addition
NAME	WESTFALL, DORENDA P	2 2 NAME	Westfall, Dorenda P.
STREET ADDRESS	5063 SE 37TH AVE	2 3 STREET ADDRESS	2943 S.E. 17th Street
CITY-ST-ZIP	OCALA FL 34480-8520	2 4 CITY-ST-ZIP	Ocala, Fl 34471
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)(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: Dan Westfall / Dee Westfall — 904 694-2531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0457647 FP