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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:01

DOCUMENT # P93000060285 (2)

1. Corporation Name
44 WEST, INC.

Principal Place of Business
1100 W MAIN ST
INVERNESS FL 34450
US

Mailing Address
1100 W MAIN ST
INVERNESS FL 34450
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22)
Suite, Apt. #, etc (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-3210529 — 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
DAVIS, ERVIN E
1100 W MAIN ST
INVERNESS FL 34452

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 the date signed — (FOR Registered Agent only when resigning)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIS, ERVIN E
STREET ADDRESS	1100 W MAIN ST
CITY ST ZIP	INVERNESS FL
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

1.1 TITLE	SECR/TREAS/DIRECTOR	☐ Change ☑ Addition
1.2 NAME	ERVIN B. DAVIS	
1.3 STREET ADDRESS	1100 W. MAIN ST.	
1.4 CITY ST ZIP	INVERNESS, FL. 34450	
2.1 TITLE	PRESIDENT / DIRECTOR	☐ Change ☑ Addition
2.2 NAME	RICHARD K. WELCH	
2.3 STREET ADDRESS	1120 W. MAIN ST.	
2.4 CITY ST ZIP	INVERNESS FL. 34450	
3.1 TITLE	VICE PRES. / DIRECTOR	☐ Change ☑ Addition
3.2 NAME	LORI MCKETTRICK	
3.3 STREET ADDRESS	1120 W. MAIN ST.	
3.4 CITY ST ZIP	INVERNESS FL 34450	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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 asterisk.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-95 — Date

904 637 6200 — Daytime Phone #

0382415 CP