

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 # P93000081424 (2)

1. Corporation Name
WESTCOAST WOOD FLOORS INC.



Principal Place of Business

11519 CHARLES TERRACE
BLDG. H-19
FT. MYERS FL 33907

Mailing Address

11519 CHARLES TERRACE
BLDG. H-19
FT. MYERS FL 33907

3. Date Incorporated or Qualified 11/29/1993	3a. Date of Last Report 01/24/1995
4. FEI Number 65-0450745	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	

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

9. Name and Address of Current Registered Agent

AULLS, FRANK W JR
11519 CHARLES TERRACE BLDG. H-19
FT. MYERS FL 33907

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 607.1505, 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 of person appointed as registered agent (must be typed)

DATE Registered Agent Signature received when filing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
2. NAME		2.2 NAME	
3. STREET ADDRESS		3.3 STREET ADDRESS	
4. CITY - ST - ZIP		4.4 CITY - ST - ZIP	
5. TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
6. NAME		6.2 NAME	
7. STREET ADDRESS		7.3 STREET ADDRESS	
8. CITY - ST - ZIP		8.4 CITY - ST - ZIP	
9. TITLE	☐ DELETE	9.1 TITLE	☐ Change ☐ Addition
10. NAME		10.2 NAME	
11. STREET ADDRESS		11.3 STREET ADDRESS	
12. CITY - ST - ZIP		12.4 CITY - ST - ZIP	
13. TITLE	☐ DELETE	13.1 TITLE	☐ Change ☐ Addition
14. NAME		14.2 NAME	
15. STREET ADDRESS		15.3 STREET ADDRESS	
16. CITY - ST - ZIP		16.4 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 it 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 both, and in Block 14 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK W. AULLS JR

Date

Day/Mo/Yr

CR2E034 (12/95)