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 MAY -1 PM 12:01

DOCUMENT # P94000003454 (3)

1. Corporation Name
THE WESTCOTT GROUP, INC.

Principal Place of Business
314 FIFTH AVE SW
SUITE 300
NAPLES FL 33940

Mailing Address
314 FIFTH AVE SW
SUITE 300
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business
21 P.O. Box 413005
22 Suite, Apt. #, etc: 838 NEAPOLITAN WAY - SUITE 314
23 City & State: NAPLES FL
24 Zip: 33941-3005 25 Country: USA

2a. Mailing Address
26 Same.
Suite, Apt. #, etc:
City & State:
29 Zip: 30 Country:

4. FEI Number: 65-0459952 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

WESTCOTT, CAROL A
1963 RIVER REACH RD #222
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: CAROL WESTCOTT
82 Street Address (P.O. Box Number is Not Acceptable): 838 NEAPOLITAN WAY SOUTH
83: SUITE 314
84 City: NAPLES FL 85 Zip Code: 33941-3005

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: X Carol Westcott CAROL WESTCOTT, PRES. 2-15-95
(Signature, Typed or Printed Name of Registered Agent and Title, if applicable) (NOTE: Registered Agent signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition
NAME	WESTCOTT, CAROL A	12 NAME	
STREET ADDRESS	314 FIFTH AVE SW SUITE 300	13 STREET ADDRESS	838 Neapolitan Way SOUTH
CITY ST ZIP	NAPLES FL 33940	14 CITY ST ZIP	SUITE 314 Naples, FL. 33941-3005
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CORACE, KATHRYN J	22 NAME	
STREET ADDRESS	8171 BAY COLONY DR SUITE 104	23 STREET ADDRESS	
CITY ST ZIP	NAPLES FL 33963	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

REMITTED BY MAY 1

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 address.

435 1647

SIGNATURE: Carol Westcott CAROL WESTCOTT 2-15-95 813-~~643-7744~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0451038 FP