FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000010938 (6)

DAVID P. WESTFALL, CPA, P.A. Principal Place of Business Mailing Address 1301 9TH AVENUE WEST 1301 9TH AVENUE WEST BRADENTON FL 34205-6804 BRADENTON FL 34205 3. Date Incorporated or Qualified 3a. Date of Last Report 02/03/1994 04/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0480317 26 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 2m8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \square No Zip 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WESTFALL, DAVID P 1301 9TH AVENUE WEST 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34205** 83 84 City Zip Code 85 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 lamillar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed hama of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) HILL DELETE 1.1 TITLE ☐ Change Addition WESTFALL, DAVID P NAME 1.2 NAME 1301 9TH AVE WEST 1.3 STREET ADDRESS STREET ADDRESS **BRADENTON FL** DITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition THE 4.1 TITLE NAME 4, 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-2IP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 54 CITY-ST-ZIP DELETE Addition Change THUE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing 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

6.4 CITY-ST-ZIP

HAME OF SIGNING OFFICER OR DIRECTOR WESTFALL 4-18-97

941-748-8772

FILED

Apr 24 1997 8:00am

Secretary of State