

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000019856 (1)**

1. Corporation Name

WEST CENTRAL PROPERTIES, INC.



Principal Place of Business

**1115 W CENTRAL BLVD
ORLANDO FL 32805**

Mailing Address

**1115 W CENTRAL BLVD
ORLANDO FL 32805**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/09/1994

3a. Date of Last Report
03/24/1995

4. FEI Number
59-3232632

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

< \$5.00

10. Name and Address of New Registered Agent

**HARRISON, RAYMOND D
1115 W CENTRAL BLVD
ORLANDO FL 32805**

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 of the person authorized to change the registered office or agent

Signature of the Registered Agent (if different from the person changing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
HOLCOMB, DAPHNE S
STREET ADDRESS
910 ALBA DR
CITY, ST, ZIP
ORLANDO FL

1.2 TITLE ☐ DELETE

NAME
PS
STREET ADDRESS
HARRISON, RAYMOND D
CITY, ST, ZIP
1115 W CENTRAL BLVD
ORLANDO FL

1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.8 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

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)(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:

Daphne S Holcomb

Daphne S Holcomb

2/21/96

407-425-6979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #

CR2E034 (12/95)