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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000020855 (0) DOCUMENT # 1. Corporation Name

WESTCOTT INVESTMENTS, INC.

Principal Place of	of Business	Ma	ailing Address	••••									
1831 NORTH BELCHER ROAD SUITE G-3 CLEARWATER FL 34625		;	1831 NORTH BELCHER ROAD SUITE G-3 CLEARWATER FL 34625										
OCCUMBATED PL 34025			OCCUMENTED TO STORY				te Incorporated or Qualifi)3/17/1994	3a. Date of Last Report 09/01/1995					
2. Principal Place	ce of Business	2a. 26	ı. Mailing Address			4. FE	F0 000 4FFF				oplied For ot Applicable		
Suite, Apt. #, etc. 22			Suite, Apt. #, etc.				5. Ce	rtificate of Status Desired		S8.75 Additional Fee Required			
City & State			City & State					ction Campaign Financin st Fund Contribution	g 🔘	S5.00 May Be Added to Fees			
Zip ≥4	Country 25	29]	Zip	30 Cour	ntry		Fio		Yes 🔲 No)		199.032,	
	9. Name and Address of Curre	nt Regis	tered Agent				10. Na	ime and Address of Ne	w Register	ed Agen	l		
					81	Name							
SHELNUTT, ROBERT C 1831 NORTH BELCHER ROAD						Street A	Address (P.O. I	ess (P.O. Box Number is Not Acceptable)					
SUITE G-3					83								
CLEARW	ATER FL 34625				84	City				85	Zip	Code	
	the provisions of Sections 607.050					1			-	- L			
familiar with SIGNATURE	ad agent, or both, in the State of Floi n, and accept the obligations of, Sec Signature, typind or printed name of registered as a	ction 607.	0505, Florida Statutes.	TE: Registered			equired when reinsta	(ting)	DAT	E			
12.	OFFICERS AI	ND DIREC		13.			AD	DITIONS/CHANGES TO	OFFICERS A				
TITLE	PD		DELETE	1.11						Cha	ange	■ Addition	
NAME	ROBERT C. SHELNOTT			1.2 NA									
STREET ADDRESS	1831 N. BELLHER RD. STE	6-3				ADDRESS							
CITY-ST-ZIP	CLEARWATER FL 34625		C) DELETE			ST-ZIP				□ Cha	ากกอ	Addition	
TITLE			☐ DELETE	2 1 1						LI ON	niĝe	L. Addition	
NAME				22 N/		ADDDE ČČ							
STREET AUDRESS						ADDRESS							
CITY-ST-ZIP TITLE			DELFTE	3.1 Ti		ST-ZIP				[] Cha	ange	Addition	
NAME				3.2 N						_	•		
STREET ADDRESS						T ADDRESS							
CITY-ST-ZIP						ST-ZIP							
TITLE			☐ DELE1E	4.11						☐ Chi	ange	☐ Addition	
NAME				4.2 N/	AMÉ								
STREET ADDRESS				4.3 \$1	REFT	ADDRESS							
CITY - ST - ZIP				4.4 Ct	TY-8	S1 - Z1P							
TITLE			DELETE	5 1 1	ILE					☐ Ch	ange	Addition	
NAME				52 N	AME								
STREET ADDRESS				5 3 S	REET	1 ADDRESS							
CITY-ST-ZIP						ST-ZIP				F 6:		First August	
TITLE			DELETE	6 17						☐ Ch	ange	Addition	
NAME				6.2 N									
STREET ADDRESS				1		i addréss							
CITY-ST-ZIP	y certify that the information supplied	d dale at the	Allog in unb stadt 4	6.4 C	1Y - S	ST-ZIP	alify for the con	motion stated in Section	110 07(3)(-)	\ Elorida 9	Statut	as I further	
certify that	y certify that the information supplied the information indicated on this an I am an officer or director of the corp Block 12 or Block 13 if changed, o	nual repo poration d	irt or supplemental ann or the receiver or truste	iual report i e empowe	ie tri	DO 20012/	hoursto and the	at mw sionature snall hav	e me same i	egal enjec	1 as II	made iinder	

SIGNATURE: ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Ptrone #