

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 # **P94000040507 (3)**

1. Corporation Name
WEST STUCCO INC.



Principal Place of Business: **3040 JONES RD JACKSONVILLE FL 32220**
Mailing Address: **3040 JONES RD JACKSONVILLE FL 32220**

3. Date Incorporated or Qualified: **05/25/1994**
3a. Date of Last Report: **12/13/1995**
4. FEI Number: **59-3260158**
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: **Rt. 2 Box 1655 Glen St. Mary, FL**
2a. Mailing Address: **Rt. 2 Box 1655 Glen St. Mary, FL**
22. City & State: **Glen St. Mary, FL**
23. Zip: **32040**
24. Country: **USA**

10. Name and Address of New Registered Agent
81. Name: **George E. West, Jr.**
82. Street Address (P.O. Box Number is Not Acceptable): **Rt. 2 Box 1655**
83. City & State: **Glen St. Mary, FL**
84. Zip Code: **32040**

9. Name and Address of Current Registered Agent
**WEST, GEORGE E JR
3040 JONES RD
JACKSONVILLE FL 32220**

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: *George E. West, Jr.* (Signature, typed or printed name of registered agent and date of appointment)
DATE: **4/10/96** (Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WEST, GEORGE E JR	
STREET ADDRESS	3040 JONES RD	
CITY - ST - ZIP	JACKSONVILLE FL 32220	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	West George E Jr.	
1.3 STREET ADDRESS	Rt. 2 Box 1655	
1.4 CITY - ST - ZIP	Glen St. Mary, FL 32040	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *George E. West, Jr.* (Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
DATE: **4/10/96**
Dis. Reg. **348-8554**
904-259-8096 (Daytime Phone #)

CR2E034 (12/95)