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PROFIT CORPORATION : ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9400061494**1. Corporation Name

WESTERVELT, INC.

Principal Plac	ce of Business	Mailing Address				1 4	
1059 CHESTNL LAKE PLACID		1059 CHESTNUT ST LAKE PLACID FL 33852 US			DO NOT WRITE IN THIS	SPACE	
			•		3. Date Incorporated or Qualifed 08/17/1994	TOTAL COLUMN	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applie	ed For
21	,	26			65-0511980	Not A	pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	5. Certificate of Status Desired	\$8.75 Add	
22		27			3. Certificate of Status Desired	Fee Requi	ired .
City & Stat	te	City & State			6. Election Campaign Financing	⁴ \$5:00 ма	ay Be
23		28			Trust Fund Contribution	Added to F	ees .
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year Inta	angible	
24	25	29	30		Personal Property Tax.	☐ Yes ☐	No
	. 9. Name and Address of Current				10. Name and Address of New Registered A	Agent	
		READ A FORMA		81 Name			.
	STERVELT, WAYNE			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	•	
	9 CHESTNUT ST				் தேர் நாழ்த்தில் கூடுக் இருக்கு இரு படுக்கு இருந்து இ	وغ واختناج المرافق	h 1. 5. 1085
LAK	E PLACID FL 33852			83	· 特殊的 经基础 (1) 10 10 10 10 10 10 10 10 10 10 10 10 10		
				84 City	*	85 Zip Coc	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (
				84 City	FL	1 1 1 COC	.
office or a	to the provisions of Sections 607.0502 registered agent, or both, in the State cam familiar with, and accept the obligat	of Florida: Such change was	authorized	by the corner:	orporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoin	itment as regist	tered
SIGNATURE					uired when reinstating)!> DATE		
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NO				D DIRECTORS	 5 IN 12
	Signature, typed or printed name of registered agen		TE: Registered	Agent signature req	ADDITIONS/CHANGES TO OFFICERS AN		3 IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NO	TE: Registered	Agent signature requ			
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS ANI D WESTERVELT, WAYNE	nt and title if applicable. (NO	TE: Registered 13. 1.1 TIT 1.2 NA	Agent signature requ LE	ADDITIONS/CHANGES TO OFFICERS AN		
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14. I 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, with all other like empowered.

6.3 STREET ADDRESS

STREET ADDRESS

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90023 039 ***150.00