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

KEHM, MARTHA

100 2ND AVE N SUITE 350

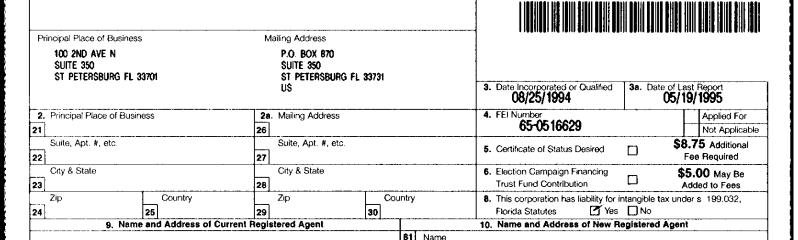
ST PETERSBURG FL 33701

P94000063496 (1)

DOCUMENT #

1. Corporation Name

WEST FLORIDA CONSTRUCTION, INC.



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.

82

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B4 City

Street Address (P.O. Box Number is Not Acceptable)

SIGNATURE				
Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
12.	OFFICERS AND DIRECTO	· · -	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	U	DELETE	1. 1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, CHARLES C		1.2 NAME	
STREET ADDRESS	7001-20 ST. N		1.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL		1.4 CITY - ST - ZIP	
TITLE	U	DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	WOODYARD, JULIE		2 2 NAME	
STREET ADDRESS	100 2ND AVE N		2.3 STREET ADDRESS	
CHTY-ST-ZIP	ST PETERSBURG FL 33701		2.4 CITY - ST - ZIP	
TITLE	PDS	DELETE	3. 1 TITLE	Change Addition
NAME	FAWCETT, JOSEPH		3.2 NAME	
STREET ADDRESS	3116 DUPONT ST.		3.3. STREET ADDRESS	
C(TY - ST - Z(P	GULFPORT FL		3.4 CITY - ST - ZIP	
TITLE	U	□ DELETE	4. 1 TITLE	☐ Change ☐ Addition
NAME	KEHM, MARTHA		4.2 NAME	
STREET ADDRESS	6300 BAHAMA SHORES DR. S		4.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL		4.4 CITY - ST - ZIP	
TITLE		□ DELETE	5. 1 TITLE	Change Addition
NAME			5.2 NAME	
STREE1 ADDRESS			5 3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6. 1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/00/96 (813) 823-7926

CR2E034 (12/95)

Zip Code

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