## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block

SIGNATURE AND

SIGNATURE:

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000076479 (2)

WEST COAST MOLD & ENGINEERING, INC.

911 COMMERCE BLVD N 911 COMMERCE BLVD N **SARASOTA FL 34243-5043** SARASOTA FL 34243 3. Date Incorporated or Qualified 3a. Date of Last Report 01/26/1996 10/13/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0529890 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 **Trust Fund Contribution** Added to Fees Country Country Ζιρ 8. This corporation has liability for intangible tax under s. 199.032, 29 30 Florida Statutes ☐ Yes ☐ No 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MANSFIELD, DOUG 1928 LIMBUS AVENUE Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34243 83 City Zio 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 farmers with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signal ire, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6 12. 13. Addition DELETE 1.1 TITLE Change THEF MANSFIELD, DOUG 1.2 NAME NAME CR2E034 911 COMMERCE BLVD N STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP ħ DELETE Addition ☐ Change THILE 21 TITLE MANSFIELD. LEE ANN NAME 2.2 NAME 911 COMMERCE BLVD N 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL CHY-SI-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 31 TITLE ☐ Change \_\_\_ Addition MANSFIELD, BRYAN NAM 3.2 NAME 911 COMMERCE BLVD N STREET ADORESS 3,3 STREET ADDRESS SARASOTA FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition THILE 4.1 TITLE BISCHOFF, JULIE NAME 4 2 NAME 2712 STRATFORD DRIVE STREET ADDRESS 4.3 STREET ADDRESS SARASOTA FL 4.4 CITY-ST-ZIP CITY-ST-ZIF DELETE 5.1 TITLE Change .... Addition THLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-SY-7IP DELETE Addition Change THEE 6.1 TITLE KAMA 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST-ZIP City-S1-7IP I do 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

FILED
May 21 1997 8:00am
Secretary of State

