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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000076479

1. Corporation Name

WEST COAST MOLD & ENGINEERING, INC.

Principal Place of Business Mailing Add			ress					414 E1111 4141	1 10010 1011 1001
911 COMMERCE BLVD N		911 COMMERCE BLVD N							
SARASOTA FL 34243 US		SARASOTA FL 34243 US			DO NOT WRITE IN THIS SPACE				
US		00				3. Date Incorporated or Qualifed			
						10/13/1994			
2. Principal Pl	lace of Business	2a. Mailing Address		-		4. FEI Number		A	pplied For
21		26			65-0529890		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional
22		27				J. Germeate of Glades Besides			equired
City & State	е	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zìp	Cou	intry		8. This corporation owes the curre		ngible □ Yes	□No
24	25	29	30	1		Personal Property Tax.  10. Name and Address of New Re			
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New No.	giatereu r	igont	
MAN	isfield. Doug								
1928 LIMBUS AVENUE				82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
	ASOTA FL 34243			83					
				84	City		FI	85 Zip	Code
11 Qureuant	to the provisions of Sections 607 05	02 and 607 1508. Florida St.	atutes the a	bove-r	named cor	poration submits this statement for the p	urpose of o	hanging its	s registered
office or re	egistered agent, or both, in the State	of Florida. Such change wa	s authorize	by th	e corporat	poration submits this statement for the p tion's board of directors. I hereby accept	the appoin	tment as r	egistered
agent, Fai	m familiar with, and accept the oblig	ations of, Section 607.0505,	Fiorida Stat	utes.					
SIGNATURE	Signature, typed or protect name of registered age	ent and title if applicable (N	OTE: Registered	Agent si	ignature requi	red when reinstating)	DATE		
	Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable (N	OTE: Registered	Agent si	gnature requi	red when reinstating)  ADDITIONS/CHANGES TO OFF		D DIRECT	ORS IN 12
SIGNATURE  12.  TITLE			13.	•	gnature requi			DIRECT	
12.	OFFICERS A	ND DIRECTORS	13.	TLE	gnature requi				
12.	OFFICERS AI	ND DIRECTORS	13. 1.1 TI 1.2 N	TLE					
12. TITLE NAME STREET ADDRESS	OFFICERS AID MANSFIELD, DOUG	ND DIRECTORS	13. 1.1 TI 1.2 N 1.3 S	TLE AME	DDRESS				☐ Addition
12. TITLE NAME	OFFICERS AND DOUG 911 COMMERCE BLVD N	ND DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 C	TLE AME TREET AL TY-ST-Z	DDRESS				☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DOUG 911 COMMERCE BLVD N SARASOTA FL	ND DIRECTORS	13. 1.1 TI 1.2 N 1.3 S 1.4 C	TLE AME TREET AL TY-ST-Z	DDRESS			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D MANSFIELD, DOUG 911 COMMERCE BLVD N SARASOTA FL D	ND DIRECTORS	13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N	TLE AME TREET AL TY-ST-Z	DDRESS 3P			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AI D MANSFIELD, DOUG 911 COMMERCE BLVD N SARASOTA FL D MANSFIELD, LEE ANN	ND DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 Tl 2.2 N 2.3 S	TLE AME TREET AC TY-ST-2 TLE AME	DDRESS GP DDRESS			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D MANSFIELD, DOUG 911 COMMERCE BLVD N SARASOTA FL D MANSFIELD, LEE ANN 911 COMMERCE BLVD N	ND DIRECTORS	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C	TLE AME TY-ST-Z TLE AME TREET AL TREET AL	DDRESS GP DDRESS			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DOUG 911 COMMERCE BLVD N SARASOTA FL D MANSFIELD, LEE ANN 911 COMMERCE BLVD N SARASOTA FL	ND DIRECTORS  DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 G	TLE AME TY-ST-Z TLE AME TREET AL TREET AL TREET AL TREET AL	DDRESS GP DDRESS			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D MANSFIELD, DOUG 911 COMMERCE BLVD N SARASOTA FL D MANSFIELD, LEE ANN 911 COMMERCE BLVD N SARASOTA FL V MANSFIELD, BRYAN	ND DIRECTORS  DELETE	13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N	TLE AME TY-ST-Z TLE AME TREET AL TREET AL TREET AL TREET AL	DDRESS JP DDRESS ZJP			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D MANSFIELD, DOUG 911 COMMERCE BLVD N SARASOTA FL D MANSFIELD, LEE ANN 911 COMMERCE BLVD N SARASOTA FL	ND DIRECTORS  DELETE	13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S	TLE  AME  TY-ST-Z  TLE  AME  TREET AL  STY-ST-Z  TLE  AME	DDRESS DDRESS DDRESS			☐ Change	☐ Addition
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D MANSFIELD, DOUG 911 COMMERCE BLVD N SARASOTA FL D MANSFIELD, LEE ANN 911 COMMERCE BLVD N SARASOTA FL V MANSFIELD, BRYAN 911 COMMERCE BLVD N SARASOTA FL V BISCHOFF, JULIE 2712 STRATFORD DRIVE	ND DIRECTORS  DELETE  DELETE	13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S 4.4 C	TLE TY-ST-Z TLE TREET AL TREET	DORESS DORESS ZIP DORESS ZIP DORESS ZIP DORESS	TUTIE Stante	ICERS ANI	☐ Change ☐ Change ☐ Change	Addition Addition
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	D MANSFIELD, DOUG 911 COMMERCE BLVD N SARASOTA FL D MANSFIELD, LEE ANN 911 COMMERCE BLVD N SARASOTA FL V MANSFIELD, BRYAN 911 COMMERCE BLVD N SARASOTA FL V BISCHOFF, JULIE 2712 STRATFORD DRIVE	ND DIRECTORS  DELETE  DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S	TILE  AME  TREET AL  TY-ST-Z  TILE  AME  TREET AL  TILE  TIL	DORESS  DORESS  DORESS  DORESS  DORESS  DORESS  DORESS	TUTIE Stante	ICERS ANI	☐ Change ☐ Change ☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D MANSFIELD, DOUG 911 COMMERCE BLVD N SARASOTA FL D MANSFIELD, LEE ANN 911 COMMERCE BLVD N SARASOTA FL V MANSFIELD, BRYAN 911 COMMERCE BLVD N SARASOTA FL V BISCHOFF, JULIE 2712 STRATFORD DRIVE	ND DIRECTORS  DELETE  DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S 5.4 C	TILE  AME  TREET AL  TY-ST-Z  TILE  AME  TREET AL  TILE  TIL	DORESS  DORESS  DORESS  DORESS  DORESS  DORESS  DORESS	TUTIE Stante	ICERS ANI	☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition

CITY-ST-ZIP 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

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS