

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Merriam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000082770 (6)

1. Corporation Name

WEST COAST MARKETING, INC.

FILED
95 AUG -8 AM 10:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

**952 SUNRIDGE DR.
SARASOTA FL 34234**

Mailing Address

**952 SUNRIDGE DR.
SARASOTA FL 34234**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt #, etc

22

State Apt #, etc

27

City & State

23

City & State

28

Zip

24

Country

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Zip

29

Country

30

4. FCI Number

65-0585469

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

**CAMPISANO, ANTHONY W
1800 SECOND ST.
SUITE 753
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name

CHARLES G. GARRITANI

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

952 SUNRIDGE DR.

83

84 City

SARASOTA

FL

85 Zip Code
34234

11. Pursuant to the provisions of Sections 607.0107 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE OF

CHARLES G. GARRITANI

DATE OF CHANGE (Month/Day/Year)

8/4/95

12. OFFICERS AND DIRECTORS

NAME

**D
GARRITANI, CHARLES G
952 SUNRIDGE DR.
SARASOTA FL 34234**

STREET ADDRESS

CITY

STATE

ZIP

NAME

STREET ADDRESS

CITY

STATE

ZIP

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STATE

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STREET ADDRESS

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13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME

STREET ADDRESS

CITY

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14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and checked and qualify for the exemption stated in Section 139.02(9)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is, true and correct and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the resident or resident empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on the attached report with addresses.

SIGNATURE:

[Signature]

CHARLES G. GARRITANI

941-389-9711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR