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

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

Apr 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **POCUMENT #** P95000010176 (2) LR WESTMAN INC. Principal Place of Business Mailing Address 8410 VALRIE LANE **B410 VALRIE LANE** RIVERVIEW FL 33569 RIVERVIEW FL 33569 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/03/1995 2. Principal Place of Business 2a. Mailing Address Applied For 59-3301421 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 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes □ Ño 24 25 30 Personal Property Tax due June 30. 20 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WESTMAN, LARRY R 8410 VALRIE LANE Street Address (P.O. Box Number is Not Acceptable) **RIVERVIEW FL 33569** 83 84 Zip Code City 85 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition NAME WESTMAN, LARRY R 1.2 NAME 8410 VALRIE LANE STREET ADORESS 1.3 STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME

63 STREET ADDRESS

6.4 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 Syltutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

FILED