

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

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000088350

1. Corporation Name
WESTVALE GROUP, INC.

Principal Place of Business
**2112 N. 15TH ST., STE. 101
TAMPA FL 33605**

Mailing Address
**2112 N. 15TH ST., STE. 101
TAMPA FL 33605**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

**SPARR, MIKE
2112 N. 15TH ST., STE. 101
TAMPA FL 33605**

81 Name

**Thomas J. McMullen, Jr.
2112 North 15th Street, Suite 101**

83

84 City

TAMPA

FL

**85 Zip Code
33605**

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

Thomas J. McMullen, Jr.

Thomas J. McMullen, Jr.

1-28-99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**TITLE PD
NAME MCMULLEN, THOMAS J JR.
STREET ADDRESS 2112 N. 15TH ST., STE. 101
CITY-ST-ZIP TAMPA FL 33605**

☐ DELETE

**TITLE VD
NAME SPARR, MICHAEL D
STREET ADDRESS 2112 N. 15TH ST., STE. 101
CITY-ST-ZIP TAMPA FL 33605**

☐ DELETE

**TITLE
NAME
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CITY-ST-ZIP**

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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**900002773439-2
-02/11/99--01085--029
****158.75 ****158.75**

*BK
2/5/99*

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

SIGNATURE:

Thomas J. McMullen, Jr.

Thomas J. McMullen, Jr. President

1-29-99

(813) 247-2828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

0385827

CR2E034 (11/98)