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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000096175 (1)

1. Corporation Name

FLORIDA WEST PROPERTIES, INC.



Principal Place of Business

4342 NORTH SHORE ROAD
LYNN HAVEN FL 32444

Mailing Address

4342 NORTH SHORE ROAD
LYNN HAVEN FL 32444-4593

3. Date Incorporated or Qualified

12/20/1995

3a. Date of Last Report

03/27/1996

4. FEI Number

59-3364264

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

2. Principal Place of Business

21 2430 LISENBY AVE

Suite, Apt. #, etc.

22

City & State

23 Panama City FL

Zip Country

24 32405 BAY

2a. Mailing Address

26 2430 LISENBY

Suite, Apt. #, etc.

27

City & State

28 Panama City FL

Zip Country

29 32405 BAY

9. Name and Address of Current Registered Agent

LINDSEY, WAYNE G
4342 NORTH SHORE ROAD
LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

81 Name

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

2430 LISENBY AVE

83

84 City

Panama City

FL

85 Zip Code

32405

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LINDSEY, GEORGE M
STREET ADDRESS 2400 ST. ANDREWS BLVD.
CITY - ST - ZIP PANAMA CITY FL 32405

TITLE SVD ☐ DELETE

NAME LINDSEY, WAYNE G (ASST)
STREET ADDRESS 2400 ST. ANDREWS BLVD.
CITY - ST - ZIP PANAMA CITY FL 32405

TITLE SVD ☒ DELETE

NAME GIBBS, RICHARD E (ASST)
STREET ADDRESS 2400 ST. ANDREWS BLVD.
CITY - ST - ZIP PANAMA CITY FL 32405

TITLE STD ☐ DELETE

NAME FLOYD, HOWARD H
STREET ADDRESS 2400 ST. ANDREWS BLVD.
CITY - ST - ZIP PANAMA CITY FL 32405

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature typed or printed name of signing officer or director

Wayne G Lindsey 1/8/97 904 763 4533

Date

Daytime Phone #

CR2E034 (9/96)