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 # **P96000021198**1. Corporation Name

A.P. WEST BUILDING, INC.

Prir	nci	oal P	lace	of Busine	5
797	N.	ORA	NGE	AVENUE	
-		~~ -		~~	

Mailing Address

797 N. ORANGE AVENUE ORLANDO FL 32801

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90050 015 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					03/07/1996		
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number App	olied For	
21		26			59-3370135 Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Rec		
City & Stat	te	City & State	City & State		6. Election Campaign Financing Solution \$5.00 May Be Trust Fund Contribution Added to Fees		
Zíp 24	Country Zip			Country 8. This corporation owes the current year Personal Property Tax.		Intangible ☐ Yes ☐ No	
24	9. Name and Address of Curre				10. Name and Address of New Registered Agent		
WEST, STEVE A 797 N. ORANGE AVENUE				Name Street	t Address (P.O. Box Number is Not Acceptable)		
ORL	ANDO FL 32801		8:	3			
			8-	4 City	FL 85 Zip C	ode	
office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was au	thorized b	y the corp	d corporation submits this statement for the purpose of changing its poration's board of directors. I hereby accept the appointment as reg	registered gistered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE: F	Registered Ag	ent signature	required when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	11 TITLE		☐ Change	☐ Addition	
NAME	WEST, STEVE A		1.2 NAME				
STREET ADDRESS	TOTAL COLLIGE AVENUE		1.3 STREET ADDRESS		3		
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY-				
TITLE		☐ DELETE	2.1 TITLE		[] Change	Addition	
NAME	1		2.2 NAME				
STREET ADDRESS			2.3 STRE	ET ADDRESS	6		
CITY-ST-ZIP			2. 4 CITY	ST-ZIP	_		
TITLE		☐ DELETE	3.1 TITLE		, [] Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	ET ADDRESS	5		
CITY-ST-ZIP			3.4. CITY	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition	
NAME			4. 2 NAMI	=			
STREET ADDRESS			4.3 STRE	ET ADDRESS	5		
C/TY-ST-ZIP			4 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRE	ET ADDRESS	3		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS	{		6.3 STRE	ET ADDRESS	5		
CITY OF 7ID			6.4 CITY-				
LITY-ST-7IP	3		WATER CO.		1		

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 seport 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:

Daytime Phone #