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FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90049 002 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000051181

1. Corporation Name
WESTBULL GROUP, INC.

Principal Place of Business

~~3049 W GULF DR #103~~
SANIBEL FL 33957

Mailing Address

~~3049 W GULF DR #103~~
SANIBEL FL 33957

6450 PINE AVE
6450 PINE AVE



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1996

4. FEI Number

65-0670485

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 owes the current year Intangible Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21. 6450 Pine Ave

Suite, Apt. #, etc.

22. City & State

23. Sanibel, FL

24. Zip

33957

25. Country

USA

2a. Mailing Address

26. 6450 Pine Ave.

Suite, Apt. #, etc.

27. City & State

28. Sanibel, FL

29. Zip

33957

30. Country

USA

9. Name and Address of Current Registered Agent

ROBISON, LINDA R

~~3049 W GULF DR #103~~

SANIBEL FL 33957

10. Name and Address of New Registered Agent

81. Name Robison, Linda R.

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

6450 PINE AVE

83.

84. City

Sanibel

FL

85. Zip

33957

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 Linda R. Robison

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 P ☐ DELETE

NAME ROBISON, ROBERT A

STREET ADDRESS 3049 W GULF DR., #103

CITY-ST-ZIP SANIBEL FL

TITLE VPS ☐ DELETE

NAME ROBISON, LINDA R

STREET ADDRESS 3049 W GULF DR

CITY-ST-ZIP SANIBEL FL 33957

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 President ☒ Change ☐ Addition

1.2 NAME Robison, Robert A.

1.3 STREET ADDRESS 6450 PINE AVE

1.4 CITY-ST-ZIP Sanibel, FL 33957

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME Robison, Linda R.

2.3 STREET ADDRESS 6450 PINE AVE

2.4 CITY-ST-ZIP Sanibel, FL 33957

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 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:

Robert A. Robison

4/20/99

941/472-7704

Date

Daytime Phone #

CR2E034 (1/98)