

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

FILED

May 16 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **P96000085006 (0)**

1. Corporation Name
WEST SIERRA, INC.

Principal Place of Business

Mailing Address

~~1700 ATHENS COURT~~
~~LAKELAND FL 33803~~

~~1700 ATHENS COURT~~
~~LAKELAND FL 33803~~

805 MARY MCLEOD BETHUNE BLVD
DAYTONA BEACH, FL 32114

2. Principal Place of Business

2a. Mailing Address **805 MARY MCLEOD BETHUNE BLVD**

21 **805 MARY MCLEOD BETHUNE**
Suite, Apt. #, etc.

26 **BETHUNE BLVD**
Suite, Apt. #, etc.

22

27

City & State

City & State

23 **DAYTONA BEACH, FL**

28 **DAYTONA BEACH, FL**

Zip

Zip

24 **32114**

29 **32114**

Country

Country

U.S.A.

U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/11/1996

3a. Date of Last Report

4. FEI Number

59-3422410

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

10. Name and Address of New Registered Agent

COOMBER, HERMANN K

~~1700 ATHENS COURT~~
~~LAKELAND FL 33803~~

11 RONNIE CIRCLE
HOLLY HILL, FL
32117

81 Name

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

83

84 City

FL

85 Zip Code

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 **PTD** ☐ DELETE
NAME **COOMBER, HERMANN K**
STREET ADDRESS **11 RONNIE CIRCLE**
CITY-ST-ZIP **HOLLY HILL, FL 32117**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/97

904-248-2103

CR2E034 (9/96)