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FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000023122 (9)

1. Corporation Name
WESTOVER & ASSOCIATES, INC.



Principal Place of Business
832 SYMPHONY ISLES BLVD.
APOLLO BEACH FL 33572

Mailing Address
832 SYMPHONY ISLES BLVD.
APOLLO BEACH FL 33572

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/14/1997

2. Principal Place of Business
21 1031 Crestmont Way
Suite, Apt. #, etc.
22
City & State
23 Greenville S.C.
Zip
24 29615
Country
25 USA

2a. Mailing Address
26 1031 Crestmont Way
Suite, Apt. #, etc.
27
City & State
28 Greenville S.C.
Zip
29 29615
Country
30 USA

4. FEI Number
59-3437374
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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WESTOVER, CATHERINE G
832 SYMPHONY ISLES BLVD.
APOLLO BEACH FL 33572

10. Name and Address of New Registered Agent

81 Name
Stefanie Cassin
82 Street Address (P.O. Box Number is Not Acceptable)
83 5303 Bay Club Circle
84 City
Tampa FL 85 Zip Code
33607

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
Stefanie M. Cassin

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

(NOTE: Registered Agent signature required when reinstating)

1/16/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	P/T Catherine Westover	1031 Crestmont Way	Greenville S.C. 29615	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1	Robert Westover	1031 Crestmont Way	Greenville S.C. 29615	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: Robert Westover

1/16/98

(864) 627-8226

CR2E034 (10/97)