

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90008 022 ***550.00

DOCUMENT # **P97000029979**

1. Corporation Name

J.H. WESTMORELAND P.A.

Principal Place of Business

**1161 BEACH ROAD
SINGER ISLAND FL 33404**

Mailing Address

**1161 BEACH ROAD
SINGER ISLAND FL 33404**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1997

4. FEI Number

65-0748024

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. ☐ Yes ☐ No

2. Principal Place of Business

21 2280 TREASURE ISLE DR

Suite, Apt. #, etc.

22 # 87

City & State

23 Palm Beach Gardens, FL

Zip

24 33410

Country

25 Palm Bch

2a. Mailing Address

26 2280 TREASURE ISLE DR

Suite, Apt. #, etc.

27 # 87

City & State

28 Palm Bch Gardens, FL

Zip

29 33410

Country

30 Palm Bch

9. Name and Address of Current Registered Agent

**WESTMORELAND, JAMES H
1161 BEACH ROAD
SINGER ISLAND FL 33404**

81 Name

JAMES H. WESTMORELAND

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

2280 TREASURE ISLE DR # 87

83

84 City

Palm Bch Gardens

FL

85 Zip Code

33410

10. Name and Address of New Registered Agent

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 **JAMES H. WESTMORELAND**

(NOTE: Registered Agent signature required when reinstating)

DATE

9-12-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WESTMORELAND, JAMES H**

STREET ADDRESS **1161 BEACH RD**

CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☐ Addition

1.2 NAME **WESTMORELAND, JAMES H.**

1.3 STREET ADDRESS **2280 TREASURE ISLE DR. # 87**

1.4 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: **SIGNATURE REQUIRED**

9-12-99 561/252-1873

CR2E034 (5/99)