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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary Street

DIVISION OF CORPORATIONS

1999

DOCUMENT # P9800013706 VOK

WesternCE, Incorporated

Principal Place of Business

Mailing Address Venue North

5459 115th Avenue North Clearwater, FL 33760

## FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90017 006 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

1					3. Date incorporated of Qualified		
		T & 24 11			February 11, 1998		
<u>├</u> ~ `	Place of Business	2a. Mailing Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·	
21 See Block 1		26 See Block 1			59-9552002 Not Applicable <b>\$8.75</b> Additional		
├ <del>─</del> <sup></sup>			Apt. #, etc.		5. Certificate of Status Desired	·	Additional equired
22     27					6. Election Campaign Financing	\$5.00	May Be
23 28					Trust Fund Contribution		to Fees -
Zip Country Zip			Cou	ntrv	8. This corporation owes the current year Int		
24	25 29 30				Personal Property Tax.	Yes	XNo
[24]	9. Name and Address of Current	11			10. Name and Address of New Registered	Agent	
	0. Hama and Ananosa at Janes.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		81 Name			
Charles S. Dayhoff, III					N/A		
3830 Tampa Road				82 Street Address (P.O. Box Number is Not Acceptable)			
ſ	-			83			
Suite 150							
Palm Harbor, FL 34684				84 City	FL	<b>-</b>	Code
office or r	registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida. Such change was ons of, Section 607.0505, I	s authorized Florida Stati	l by the corpo utes.	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appoi	changing its ntment as re	s registered egistered
<u> </u>	Signature, typed or printed name of registered agent			Agent signature r	equired when reinstating) DATE	ID DIDEOT	200 01 40
12.			13.		ADDITIONS/CHANGES TO OFFICERS AN		Addition
TITLE		□ DELETE	1.1 TII		President	☐ Change	Addition
NAME			1.2 N/	ME	James E. Shultz		
STREET ADDRESS			1.3 ST	REET ADDRESS	15102 Holmes		
CITY-ST-ZIP			1.4 CI	ry-ST-ZIP	Kansas City, MO 64145		
TITLE	☐ DELETE 2.1 TI		JE	Vice President	Change	☐ Addition 〈	
NAME	228		WE	Gary A. Bosshart			
STREET ADDRESS	ET ADDRESS		2 3 ST	REET ADDRESS	5459 115th Avenue North		
CITY-ST-ZIP	r-ziP		2.4 C	TY-ST-ZIP	Clearwater, FL 33760		
TITLE	DELETE		3.1 TII	LE	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 ST	REET ADDRESS			
CITY-ST-ZIP			3.4. Ci	TY-ST-ZIP			
TITLE		☐ DELETE	4.1 TIT	LE		Change	Addition
   NAME			4.2 N	AME :			
STREET ADDRESS	]		4.3 ST	REET ADDRESS			l
CITY-ST-ZIP			[]	ry-ST-ZIP			
TITLE DELETE			5.1 TI			Change	☐ Addition
NAME	t		5.2 NA				
STREET ADDRESS	)		53 ST	REET ADDRESS			İ
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP			
TITLE	1-ZIP		6.1 Til			☐ Change	Addition
NAME	\		1 62 NA	ME I		_ "	_
INAME	1		71 ~~ '''				
			6207	DEET ADDDESS			i
STREET ADDRESS			ll ll	REET ADDRESS			į

14. I nelectly certify that the information supplied with this aling does not quality for the exemption stated in Section 119.07(3)(i), Profital statutes, indiffer certify that the information indicated on this annual report or suppliemental 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:

NATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17/99 8/6-591-155

CR2E034 (11/98)