FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S77355** **(3)**

1. Corporation Name

GROUP WEST, INC.

Principal Place of Business	Mailing Address
5303 S. MACDILL AVE. SUITE B TAMPA FL 33611 US	5303 S. MACDILL AVE. SUITE B TAMPA FL 33611 US

3. Date Incorporated or Qualified: **09/03/1991**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business
21 1919 River Crossing Dr
Suite, Apt. #, etc.
22
City & State
23 Valrico, FL
Zip 24 33594 Country 25 U.S.A.

2a. Mailing Address
26 1919 River Crossing Dr
Suite, Apt. #, etc.
27
City & State
28 Valrico, FL
Zip 29 33594 Country 30 U.S.A.

4. FEI Number: **59-3085561** ☐ 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

9. Name and Address of Current Registered Agent

LOWE, DAVID K.
5303 S. MACDILL AVE.
SUITE B
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1919 River Crossing Dr
83
84 City Valrico **FL** 85 Zip Code 33594

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, city, and date of Registered Agent (Both Registered Agent's signature required when reinstating) DATE

12 OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	LOWE, DAVID K.	1.2 NAME	
STREET ADDRESS	5303 S. MACDILL AVE. SUITE B	1.3 STREET ADDRESS	1919 River Crossing Dr
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Valrico, FL 33594
TITLE	VP ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROEDER, A. DALE	2.2 NAME	
STREET ADDRESS	5303 S. MACDILL AVE. #B	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	TS ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	LOWE, BEVERLY	3.2 NAME	
STREET ADDRESS	5303 S. MACDILL AVE #B	3.3 STREET ADDRESS	1919 River Crossing Dr
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Valrico, FL 33594
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Beverly Lowe 3/11/96 (813)634-4182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)