

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90037 020 ***158.75

DOCUMENT # S82528

1. Corporation Name

EXECUTIVE WEST ELEVATOR COMPANY GULF COAST FLORI
DA INC.

Principal Place of Business

5812 RIVER RD
NEW PT RICHEY FL 34652
US

Mailing Address

5812 RIVER ROAD
NEWPORT RICHEY FL 34652
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1991

4. FEI Number

59-3101427

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 Tax.



Yes No

2. Principal Place of Business

21 5449 JAMES ST.

2a. Mailing Address

26 5449 JAMES ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 NEWPORT RICHEY FL.

27 City & State

28 NEWPORT RICHEY FL.

24 Zip

34652

25 Country

PASCO

29 Zip

34652

30 Country

PASCO

9. Name and Address of Current Registered Agent

BENDER, CHARLES L.
5812 RIVER ROAD
NEWPORT RICHEY FL 34652

10. Name and Address of New Registered Agent

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 P ☐ DELETE

NAME BENDER, CHARLES L., II
STREET ADDRESS 5815 RIVER ROAD
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE VP ☐ DELETE

NAME MIKRES, JEFFREY G.
STREET ADDRESS 39650 U.S. 19 NORTH
CITY-ST-ZIP TARPON SPRINGS FL

TITLE S ☐ DELETE

NAME MIKRES, NANCY
STREET ADDRESS 39650 U.S. 19 NORTH
CITY-ST-ZIP TARPON SPRINGS FL

TITLE T ☐ DELETE

NAME BENDER, BARBARA M.
STREET ADDRESS 5812 RIVER ROAD
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE D ☐ DELETE

NAME GEHERTY, PATRICIA A.
STREET ADDRESS 5812 RIVER ROAD
CITY-ST-ZIP NEW PORT RICHEY FL

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0501307