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
Apr 21, 1999 8:00 am
Secretary of State
04-21-1999 90025 030 ***150.00

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DOCUMENT # S83601

1. Corporation Name
WEST STAR DEVELOPMENT VII, INC.

Principal Place of Business	Mailing Address
2141 NE 2ND ST. SUITE C OCALA FL 34470 US	2141 NE 2ND ST. SUITE C OCALA FL 34470 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 3019 SW 27th Ave	26 3019 SW 27th Ave
Suite, Apt. #, etc. 22 Suite 102	Suite, Apt. #, etc. 27 Suite 102
City & State 23 Ocala, Fl.	City & State 28 Ocala, Fl.
Zip 24 34474 Country 25 USA	Zip 29 34474 Country 30 USA

3. Date Incorporated or Qualifed: 09/27/1991

4. FEI Number: 59-3088543 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

THOMPSON, G. M
2141 NE 2ND ST.
SUITE C
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 3019 SW 27th Ave

83 Suite 102

84 City Ocala, Fl. FL 85 Zip Code 34474

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	MCLAUCHLIN, BEN G.		1.2 NAME	
STREET ADDRESS	3300 SW 34TH AVE		1.3 STREET ADDRESS	3019 SW 27th Ave. Suite 102
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	Ocala, Fl. 34474
TITLE	D	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	THOMPSON, G. MICHAEL		2.2 NAME	
STREET ADDRESS	3300 SW 34TH AVE		2.3 STREET ADDRESS	3019 SW 27th Ave. Suite 102
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	Ocala, Fl. 34474
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
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	

CR2E034 (11/98)

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 REQUIRED 4/15/99 (352) 873-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #