

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V33307** (2)

1. Corporation Name

S.T. WEST, INC.



Principal Place of Business

**105-4TH ST. NW
RUSKIN FL 33570**

Mailing Address

**1424 SR 674
RUSKIN FL 33570**

2. Principal Place of Business

21 P.O. Box 982

Suite, Apt. #, etc.

23 Ruskin, FL

City & State

24 33570 **25 USA**

Zip

Country

2a. Mailing Address

26 P.O. Box 982

Suite, Apt. #, etc.

28 Ruskin FL

City & State

29 33570 **30 USA**

Zip

Country

3. Date Incorporated or Qualified

05/01/1992

3a. Date of Last Report

04/26/1995

4. FEI Number

65-0332259

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

**BRATE, JAMES E. JR.
105 4TH ST., SW
RUSKIN FL 33570**

10. Name and Address of New Registered Agent

81 Name

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

~~P.O. Box 982~~ 208 Castillo Rd.

83

84

Ruskin

FL

85

**Zip Code
33570**

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 (use block letters) and signed by the officer or director

Signature typed or printed (use block letters) and signed by the registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **BRATE, JAMES E. JR.**
STREET ADDRESS **105-4TH STREET N.W.**
CITY-ST-ZIP **RUSKIN FL**

TITLE **DP** ☐ DELETE
NAME **PARRISH, NANCY L.**
STREET ADDRESS **105-4TH STREET N.W.**
CITY-ST-ZIP **RUSKIN FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS **208 Castillo Rd.**
14 CITY-ST-ZIP **Ruskin FL 33570**

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS **208 Castillo Rd.**
24 CITY-ST-ZIP **Ruskin FL 33570**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-96

Date

(813) 645-8942

Daytime Phone

CR2E034 (12/95)