

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:09

DOCUMENT # **V50004**

(3)

1. Corporation Name

WEST FLORIDA CONCEPTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**WEST FLORIDA CONCEPTS
4521 107TH N #2
CLEARWATER FL 34622
US**

Mailing Address

**WEST FLORIDA CONCEPTS
4521 107TH CR N #2
CLEARWATER FL 34622
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/10/1992

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3141412

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability or intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OWENS, MARK R.
5810 VENETIAN BLVD., NE
ST. PETERSBURG FL 33703**

01 Name **Owens, Mark R.**
02 Street Address (P.O. Box Number is Not Acceptable)
6001 4TH ST. S.
03
04 **St. Pete.** FL 05 Zip Code **33705**

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

Mark R. Owens

4-29-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P
2. NAME	OWENS, MARK
3. STREET ADDRESS	WEST FLORIDA CONCEPTS INC 4521 107TH CIR N
4. CITY, ST, ZIP	CLEARWATER FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

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	VP Owens Robert R
2.3 STREET ADDRESS	West Florida Concepts Inc. 4521 107th Cr. N.
2.4 CITY, ST, ZIP	Clearwater, FL 34622
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	Sec. Owens Nadine L.
3.3 STREET ADDRESS	West Florida Concepts Inc. 4521 107th
3.4 CITY, ST, ZIP	Cr. N. Clearwater, FL 34622
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 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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. 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: **Mark R. Owens** **MARK OWENS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-95 (813) 572-4235
Date Date