

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

FILED

Mar 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V50004 (3)

1. Corporation Name:
WEST FLORIDA CONCEPTS, INC.

Principal Place of Business
WST FLORIDA CONCEPTS
4521 107TH N #2
CLEARWATER FL 34622
US

Mailing Address
WEST FLORIDA CONCEPTS
4521 107TH CR N #2
CLEARWATER FL 34622-5021
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified
07/10/1992

3a. Date of Last Report
05/01/1996

4. FEI Number

59-3141412

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

OWENS, MARK R
5001 8TH ST. E.
ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name **ROBERT OWENS**
82 Street Address (P.O. Box Number is Not Acceptable)
4521 107TH CR N EPT
83
84 City **CLEARWATER** FL 85 Zip Code **34622**

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

Nadine L. Owens

(NOTE: Registered Agent signature required when reinstating)

DATE

2-26-97

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **OWENS, MARK**
STREET ADDRESS **WEST FLORIDA CONCEPTS INC 4521 107TH CIR N**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **PRES** ☐ DELETE
NAME **OWENS, ROBERT R**
STREET ADDRESS **4521 107TH CR. N.EPT**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **VP** ☐ DELETE
NAME **OWENS, NADINE L**
STREET ADDRESS **4521 107TH CR. N.**
CITY-ST-ZIP **CLEARWATER 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

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 **To President**
2.3 STREET ADDRESS **OWENS, Robert R**
2.4 CITY-ST-ZIP **4521 107th Cr. N. # 2 Clearwater A.**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **TO Vice-Pres.**
3.3 STREET ADDRESS **OWENS Nadine L**
3.4 CITY-ST-ZIP **4521 107th Cr. #2 Clearwater Fl.**

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 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.

SIGNATURE:

Nadine L. Owens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-97 813-572-4235
Date Daytime Phone #

CR2E034 (9/96)