

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

DOCUMENT # V50004

1. Corporation Name

WEST FLORIDA CONCEPTS, INC.

Principal Place of Business

695 28TH ST S
ST PETERSBURG FL 33712
US

Mailing Address

6001 6TH ST S
4521 107TH CR N #2
ST PETERSBURG FL 33705
US

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90085 028 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1992

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 owes the current year Intangible.
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

OWENS, ROBERT
4521 107TH CR N EPT
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81

Name

Nadine Owens

82

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

6001 6TH ST S

83

84

City

St. Pete

FL

85

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

Nadine L. Owens

VP.

4-27-99

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
NAME OWENS, ROBERT R
STREET ADDRESS 4521 107TH CR N #2
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE VP
NAME OWENS, NADINE L
STREET ADDRESS 4521 107TH CR N #2
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Robert Owens
1.3 STREET ADDRESS 2132 Lake wood Club Dr. S. # D
1.4 CITY-ST-ZIP ST. Pete, FL - 33712-4944

☒ Change

☐ Addition

2.1 TITLE VP
2.2 NAME Nadine Owens
2.3 STREET ADDRESS 6001 6TH ST S
2.4 CITY-ST-ZIP ST. Pete FL - 33705

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 (1/98)