

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
95 JAN 23 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V73466** (7)  
1. Corporation Name  
**LARRY WESTFALL CORPORATION**

Principal Place of Business Mailing Address  
**400 BIRCH ST 400 BIRCH ST**  
**MACCLENNY FL 32063 MACCLENNY FL 32063**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/20/1992	01/20/1994
22. State, Apt. #, etc.		27. State, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		59-3148011	Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FEREBEE, DAVID B. 503 E MONROE JACKSONVILLE FL 32202				81. Name	LARRY L. WESTFALL		
				82. Street Address (P.O. Box Number is Not Acceptable)	400 BIRCH STREET		
				83. City	MACCLENNY, Florida 32063		
				84. Zip Code	FL	32063	

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: *Larry Westfall* DATE: 1-13-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTFALL, LARRY L.	1.2 NAME	
STREET ADDRESS	400 BIRCH ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	MACCLENNY FL	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	D SECRETARY & TREAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTFALL, JANETTE L.	2.2 NAME	LARRY L. WESTFALL
STREET ADDRESS	400 BIRCH ST	2.3 STREET ADDRESS	400 BIRCH STREET
CITY - ST - ZIP	MACCLENNY FL	2.4 CITY - ST - ZIP	MACCLENNY, Florida 32063
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), 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 in my own hand. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Larry Westfall* DATE: 1-13-95 259-8700