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Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V73466

1. Corporation Name
LARRY WESTFALL CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business
400 BIRCH ST
MACLENNY FL 32063

Mailing Address
400 BIRCH ST
MACLENNY FL 32063

3. Date Incorporated or Qualified
10/20/1992

4. FEI Number
59-3148011

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

6. Election Campaign Financing \$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

10. Name and Address of New Registered Agent

WESTFALL, LARRY L
400 BIRCH STREET
MACLENNY FL 32063

81 Name WESTFALL, JANETTE L.
82 Street Address (P.O. Box Number is Not Acceptable)
400 Birch Street
83
84 City MACLENNY FL 85 Zip Code 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETE
NAME WESTFALL, LARRY L.
STREET ADDRESS 400 BIRCH ST
CITY-ST-ZIP MACLENNY FL

1.1 TITLE P Change Addition
1.2 NAME WESTFALL, JANETTE L.
1.3 STREET ADDRESS 400 Birch Street
1.4 CITY-ST-ZIP MACLENNY, Florida 32063

TITLE DST DELETE
NAME WESTFALL, LARRY L
STREET ADDRESS 400 BIRCH STREET
CITY-ST-ZIP MACLENNY FL

2.1 TITLE ST Change Addition
2.2 NAME WESTFALL, JANETTE L.
2.3 STREET ADDRESS 400 Birch Street
2.4 CITY-ST-ZIP MACLENNY, Florida 32063

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

904-259-4446

Daytime Phone #

CR2E034 (11/98)