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Jan 14 1997 8:00am

Secretary of State



PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **484121**

(9)

1. Corporation Name

WEYER CUSTOM HOMES, INC.

Principal Place of Business

**4626 EMPIRE AVE.
JACKSONVILLE FL 32207**

Mailing Address

**4626 EMPIRE AVE.
JACKSONVILLE FL 32207-2170**

3. Date Incorporated or Qualified

09/09/1975

3a. Date of Last Report

03/27/1996

4. FEI Number

59-1620232

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**WEYER, WILLIAM G.
4626 EMPIRE AVE
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 type and print name of registered agent or officer or director

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**PDS
WEYER, WILLIAM G
4626 EMPIRE AVE.
JACKSONVILLE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**VDI
WEYER, WILLIAM G JR
10335 SEQUOYA DR
JACKSONVILLE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**V
WEYER, PATRICIA M
4626 EMPIRE AVE
JACKSONVILLE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**V
KRUSE, ROBERT B.
1528 PINTAIL DR
JACKSONVILLE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William G. Weyer **William G. WEYER**

Date

1-2-97

Daytime Phone #

904 262 3550

0031958

CR2E034 (9/96)