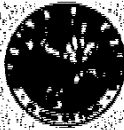


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J47780

(8)

1. Corporation Name

WEYGAM CORPORATION

Principal Place of Business

% WILLIAM G. WEYAND
783 CAPE VIEW DR.
FT. MYERS FL 33919

Mailing Address

PO BOX 816
PLANT CITY FL 33564-0816
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/17/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2751324

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

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1141 Gulf Stream Way

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Riviera Beach, FL

28 City & State

24 Zip

33404

25 Country

ARMY AGEN

29 Zip

30 Country

9. Name and Address of Current Registered Agent

WEYAND, WILLIAM G.
783 CAPE VIEW DR.
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

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

1141 Gulf Stream Way

83

84 City

Riviera Beach

FL

85 Zip Code

33404

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PV
WEYAND, WILLIAM G.
783 CAPE VIEW DR
FT MYERS FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST
CHISHOLM, MARTHA
783 CAPE VIEW DR
FT MYERS FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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

1141 Gulf Stream Way
Riviera Beach, FL 33404

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

1141 Gulf Stream Way
Riviera Beach, FL 33404

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 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)(k), 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: William G. Weyand William G. Weyand 4/14/95 107 8-140930

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Signature Phone #