

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -3 AM 8:43

DOCUMENT # **L94745** (1)

1. Corporation Name  
**WEIR SYSTEM, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**4001 FORSYTH ROAD  
WINTER PARK FL 32792  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/21/1990** 3a. Date of Last Report **01/28/1994**

21. Principal Place of Business	26. Mailing Address	4. FEI Number	Applied For
<b>21</b>	<b>26</b> <b>312 SANTIAGO DR.</b>	<b>59-3026723</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>22</b>	<b>27</b> <b>WINTER PARK FL</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>23</b>	<b>28</b> <b>32789</b>		
Zip	Zip		
<b>24</b>	<b>29</b> <b>FL</b>		
Country	Country		
<b>25</b>	<b>30</b> <b>USA</b>		

9. Name and Address of Current Registered Agent

**WEIR, WILLIAM C. III  
312 SANTIAGO DR.  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b> <b>85</b> 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 *William C. Weir III* DATE **K**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEIR, WILLIAM C. III</b>	1.2 NAME	
STREET ADDRESS	<b>312 SANTIAGO DR.</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>WINTER PARK FL</b>	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
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 declare that I am the holder of the instrument supplied with this filing, which is hereby filed, and I am not equally liable for the obligations stated in Section 199.032, Florida Statutes. I further certify that I am the holder of the instrument supplied with this filing, which is hereby filed, and I am not equally liable for the obligations stated in Section 199.032, Florida Statutes. I further certify that I am the holder of the instrument supplied with this filing, which is hereby filed, and I am not equally liable for the obligations stated in Section 199.032, Florida Statutes. I further certify that I am the holder of the instrument supplied with this filing, which is hereby filed, and I am not equally liable for the obligations stated in Section 199.032, Florida Statutes.

SIGNATURE: *William C. Weir III* **907-647-1895**  
SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR