FILE NOW: FILING FEE AFTER MAY 1 IS $25.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000021233 (9)**

1. Corporation Name
CATHY N. WEISMAN, INC.

Principal Place of Business	Mailing Address
2821 CHARMONT DR APOPKA FL 32703	2821 CHARMONT DR APOPKA FL 32703

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated / Qualified: **03/18/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
State Agent # (if any) — 22
State Agent # (if any) — 27
City & State — 23
City & State — 28
24 25 29 30

4. FEI Number: **59-3224332** — 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

8. Does the corporation owe any Florida Taxes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEISMAN, CATHY N 2821 CHARMONT DR APOPKA FL 32703	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 Section 607.0502 and 607.1008, 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: WEISMAN CATHY N CATHY STREET ADDRESS: 2821 CHARMONT DR CITY-ST-ZIP: APOPKA FL 32703	1 TITLE ☐ Change ☐ Addition 1 NAME 1 STREET ADDRESS 1 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 TITLE ☐ Change ☐ Addition 2 NAME 2 STREET ADDRESS 2 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 TITLE ☐ Change ☐ Addition 3 NAME 3 STREET ADDRESS 3 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4 TITLE ☐ Change ☐ Addition 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 TITLE ☐ Change ☐ Addition 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6 TITLE ☐ Change ☐ Addition 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the annual report or supplemental annual report is true and correct 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Cathy N. Weisman — 4/27/95
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0038833 CP