

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90027 024 \*\*\*150.00

0489651

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 276805

1. Corporation Name  
WIECHENS REALTY, INC.

Principal Place of Business  
2603 SE 17TH ST STE A  
P.O. BOX 1082  
OCALA FL 34471  
US

Mailing Address  
2603 SE 17TH ST STE A  
P.O. BOX 1082  
OCALA FL 34471  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1963

4. FEI Number

59-1034297

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 2603 SE 17TH ST, STE A

Suite, Apt. #, etc.

22

City & State

23 Ocala, FL 34471

Zip

24 34471

Country

25 US

2a. Mailing Address

26 2603 SE 17TH ST STE A

Suite, Apt. #, etc.

27

City & State

28 Ocala FL

Zip

29 34471

Country

30 US

9. Name and Address of Current Registered Agent

WIECHENS, LEO A.  
2603 SE 17TH ST STE A  
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name

WIECHENS, CHRISTOPHER S.

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

2603 SE 17TH STREET, STE A

83

84 City

OCALA

FL

85 Zip Code

34471

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 CHRISTOPHER S. WIECHENS, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-99

12. OFFICERS AND DIRECTORS

TITLE DSP ☐ DELETE

NAME WIECHENS, CHRISTOPHER S

STREET ADDRESS 2603 S.E. 17TH ST, STE A

CITY-ST-ZIP Ocala FL 34471

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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: CHRISTOPHER S. WIECHENS, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-99

(352)

622-3214

CR2E034 (11/98)