

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

FILED

Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90119 029 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 360374

1. Corporation Name  
EMIL WEIMAN, INC.

Principal Place of Business  
4727 DEL PRADO BLVD  
CAPE CORAL FL 33904

Mailing Address  
4727 DEL PRADO BLVD  
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1970

4. FEI Number

36-6055996

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. This corporation owes the current year intangible  
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

WEIMAN, EMIL  
2825 SE 17TH AVE  
CAPE CORAL FL 33904

*deceased*

10. Name and Address of New Registered Agent

81 Name

JOYCE E. WEIMAN

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

2825 SE 17 AVENUE

83

CAPE CORAL,

84 City

CAPE CORAL

FL

85 Zip Code

33904

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

*Joyce E. Weiman*

JOYCE E. WEIMAN, VP+Sec

1/8/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD  
NAME WEIMAN, JOYCE  
STREET ADDRESS 2825 SE 17TH AVE  
CITY-ST-ZIP CAPE CORAL, FL 00000

☐ DELETE

TITLE TD  
NAME BARRATT, EVELYN  
STREET ADDRESS 14516 SW 79TH ST  
CITY-ST-ZIP ARCHER FL

☐ DELETE

TITLE PD  
NAME WEIMAN, JOHN  
STREET ADDRESS P.O. BOX 635  
CITY-ST-ZIP CAPE CORAL FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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:

*Joyce E. Weiman*

VICE-PRES. + SEC.

1/8/99

941-542-7786 OR

542-6747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)