May 10, 1999 8:00 am Secretary of State

05-10-1999 90139 043 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 481414

1. Corporation Name

BRAY WEI DING, INC.

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Principal Place of Business Mailing Address									ווו נספום וופון ופופו ופפוס ווופפן ו	ם יופים ופוק וו <u>ן</u>		An 81811 81811 1881
1133 NORTH MAGNOLIA 1133 NORTH MAGNOLIA												
OCALA FL 34475 OCALA FL 34475									DO NOT WEI	TE IN THIS	SDACE	
US				U\$				-	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
									07/30/1975			
2 Principal Pl	oos of Busin	000	29	Mailing Address					4. FEI Number		$\neg \tau$	Applied For
2. Principal Place of Business				26				-	59-1628982		ļ <u>.</u>	Not Applicable
21 Suite, Apt. #, etc.				Suite, Apt. #, etc.								5 Additional
22				27					5. Certifcate of Status Desired		Fee	Required
City & State				City & State					6. Election Campaign Financing		\$5.0	0 May Be
23				28					Trust Fund Contribution		Adde	ed to Fées
Zip Country							untry 8. This		8. This corporation owes the curre	ent year Int	angible	
24	[	25	29		30				Personal Property Tax.		☐ Yes	□No
	9. Name	and Address of Curi	ent Regis	tered Agent					10. Name and Address of New R	egistered	Agent	
PDA		E				81	Name					
Bray, W. Steve 4845 NW Gainesville RD.							Street A	ddress	ess (P.O. Box Number is Not Acceptable)			
OCALA FL 32675					83							
						84	City				85 Z	ip Code
									C	FL	<u>.    </u>	ito registered
office or re	egistered age	ent, or both, in the Sta	ite of Florio	07.1508, Florida Stati da. Such change was , Section 607.0505, Fl	authorized	o by	the corpor	ration's	ation submits this statement for the s board of directors. I hereby accep	it the appoi	ntment as	registered
SIGNATURE										DATE		
12.	Signature, typed	or printed name of registered a OFFICERS			E: Registered	Agen	nt signature ree	quired wh	nen reinstating) ADDITIONS/CHANGES TO OF		ID DIREC	TORS IN 12
TITLE	PD	OFFICERS	AND DINE	DELETE	1,1 TI	TLE			ABBITTOTOTOTOTOTOTO	102,107	☐ Chang	
NAME	BRAY, W	STEVEN			1.2 N		ļ					
	,	GAINESVILLE RD					TADDRESS					
STREET ADDRESS	OCALA F				1	TY-S						
CITY-ST-ZIP	STD			☐ DELETE	2.1 TI	_	1-21				Chang	ge Addition
NAME	BRAY, KA	IREN			2.2 N		]				_ `	
STREET ADDRESS		GAINESVILLE RD					ADDRESS					
CITY-ST-ZIP	OCALA F				2.40		1					
TITLE	OONER			☐ DELETE	3.1 TI		,, ,,				☐ Chan	ge Addition
NAME					32 N							
STREET ADDRESS					3.3 S	TREE1	ADDRESS					
CITY-ST-ZIP					3.4. 0	ITY-S	ST-ZIP					
TITLE				☐ OELETE	4.1 Π	TLE					Chan	ge Addition
NAME					4 2 N	IAME						
STREET ADDRESS					4.3 \$	TREET	T ADDRESS					
CITY-ST-ZIP					4.4 C	TY-S	T-ZIP					
MILE				☐ DELETE	5.1 TI	TLE					Chan	ge [] Addition
NAME					5.2 N	AME	Į					
STREET ADDRESS					5.3 S	TREET	TADDRESS					
CITY-ST-ZIP					5.4 C	ITY-S	T-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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF STANING OFFICER OR DIRECTOR

☐ DELETE

Change

Addition