

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 PM 3:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 492432

(0)

1. Corporation Name

WEIRICH, INC.

Principal Place of Business

**436 N WESTMORELAND DR
ORLANDO FL 32805**

Mailing Address

**436 N WESTMORELAND DR
ORLANDO FL 32805**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/08/1975

3a. Date of Last Report

03/14/1994

4. FEI Number

50-1636042

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**RODGERS, JOHN W.
304 E COLONIAL DR.
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
THOMAS, ROBERT B
1716 OAKMONT LANE
ORLANDO, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
THOMAS, ROBERT B., JR
4617 JAMES ROAD
COCOA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
THOMAS, PATRICIA B
1716 OAKMONT LANE
ORLANDO, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
MCKINNON, PAULA A.
1414 PINELAKE RD.
ORLANDO FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
THOMAS, MARK E.
P.O. BOX 702 NA
OKAHUMPKA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
HAVEN, CARLA A.
5555 BROADACRES STREET
MERRITT ISLAND FL**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Patricia B. Thomas, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA B. THOMAS

4/19/95

407-425-3423