

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90021 002 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 515498

1. Corporation Name

WEIMER WOODWORKS & INTERIORS, INC.

Principal Place of Business
1910 7TH AVENUE NORTH
LAKE WORTH FL 33461

Mailing Address
1910 7TH AVENUE NORTH
LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1976

4. FEI Number

59-1695283

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. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

3718 - 23rd Ave S.

3718 - 23rd Ave S.

Suite/Apt. #, etc.

Suite/Apt. #, etc.

City & State

City & State

Lake Worth, Fla

Lake Worth, Fla

Zip

Country

Zip

Country

33461

U.S.A.

33461

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEIMER, BARBARA A
1910 7TH AVENUE NORTH
LAKE WORTH FL 33461

81 Name **Weimer Barbara A**
82 Street Address (P.O. Box Number is Not Acceptable)
3718 - 23rd Ave S.
83 **Suite # 8**
84 City **Lake Worth** 85 Zip Code **33461**

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 **Barbara A Weimer**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **9/10/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **WEIMER, BARBARA A**
STREET ADDRESS **1910 7TH AVE. NORTH**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **VP** ☐ DELETE

NAME **WEIMER, GERHARD A**
STREET ADDRESS **1910 7TH AVE. NORTH**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **T** ☐ DELETE

NAME **WEIMER, KRISTINA A**
STREET ADDRESS **1910 7TH AVE. NORTH**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **S** ☐ DELETE

NAME **WEIMER, CATHY M**
STREET ADDRESS **1910 7TH AVENUE NORTH**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **3718 - 23rd Ave S. Suite # 8**

1.4 CITY-ST-ZIP **Lake Worth, Fla 33461**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **Same as above**

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **Same as above**

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS **Same as above**

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.

SIGNATURE: **Barbara A Weimer**

DATE **9/10/99**

CR2E034 (5/99)