

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 31 AM 9:30

DOCUMENT # **544166** (2)  
1. Corporation Name  
**WIEBE ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**1814 NE 23RD AVE GAINESVILLE FL 32609**

DO NOT WRITE IN THIS SPACE.

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>08/31/1977</b>   | 3a. Date of Last Report<br><b>06/17/1994</b>           |
| 4. FEI Number<br><b>59-1815058</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country |
|---|--|

9. Name and Address of Current Registered Agent  
**NEWMAN, LINDA W  
7508 NW 132ND ST.  
GAINESVILLE FL 32053**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                               |
|----------------|-------------------------------|
| TITLE          | <b>PDT</b>                    |
| NAME           | <b>NEWMAN, LINDA W</b>        |
| STREET ADDRESS | <b>7508 NW 132ND ST.</b>      |
| CITY-ST-ZIP    | <b>GAINESVILLE FL</b>         |
| TITLE          | <b>S</b>                      |
| NAME           | <b>WIEBE, JONATHAN J</b>      |
| STREET ADDRESS | <b>7508 N.W. 132ND STREET</b> |
| CITY-ST-ZIP    | <b>GAINESVILLE FL</b>         |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

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 110.07(3)(b), 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 Linda W. Newman 1-25-95 (904) 376-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

January 19, 1995

WIEBE ENTERPRISES, INC.  
1814 NE 23RD AVE  
GAINESVILLE, FL 32609

SUBJECT: WIEBE ENTERPRISES, INC.  
Ref. Number: 544166

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

An officer or director listed in block 12, block 13 or on an attachment must sign the report in block 14.

After the corrections have been made return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Antonio Mathews  
ANNUAL\_REPORTS Section

Letter number: 895A00002266