

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 JUL 25 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # 581812

(5)

1. Corporation Name

WEME PROPERTIES, INC.

Principal Place of Business

914 LINCOLN CIRCLE
WINTER PARK FL 32789

Mailing Address

914 LINCOLN CIRCLE
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/09/1978

3a. Date of Last Report

01/20/1994

4. FEI Number

59-1846314

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

2. Principal Place of Business

21 1920 Mayflower Court
Suite, Apt. #, etc.

22 Apartment 219

City & State

23 Winter Park, FL

Zip

24 32792

Country

25 Orange

2a. Mailing Address

26 1920 Mayflower Court
Suite, Apt. #, etc.

27 Apartment 219

City & State

28 Winter Park, FL

Zip

29 32792

Country

30 Orange

9. Name and Address of Current Registered Agent

ELLIOTT, WOODA B.
914 LINCOLN CIRCLE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

Wooda B. Elliott

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

1920 Mayflower Court

83

Apartment 219

84 City

Winter Park

FL

85 Zip Code

32792

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
PSD
ELLIOTT, WOODA B
914 LINCOLN CIR
WINTER PARK FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
ELLIOTT, MARJORIE B
914 LINCOLN CIR
WINTER PARK FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
Delete Marjorie B. Elliott
as D.

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
V/D
Nicholas B. Johns
1901 South Roosevelt Boulevard
Key West, FL 33040

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE
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)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wooda B. Elliott

Wooda B. Elliott 7-21-95 407-849-6350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Daytime Phone #

CR2E034 (3/95)