Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90096 014 ***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 # 647734

1. Corporation Name

WEAVER	GENERAL CONTRACTING	, INC.								
Principal Place	e of Business	Mailing Address				1 102110 41111 91911 12311 10030 11	TIL #181 #7811 WIL	II ALAIL BEBLI DE	811 B1E11 (881	
1701 BERN CREEK LOOP 1701 BERN CREEK LOOP SARASOTA FL 34240-8869 SARASOTA FL 34240-5869										
US SAMASOTA PE 34240-8869 SAMASOTA PE 34240-3809						DO NOT WRI	TE IN THIS	SPACE		
						3. Date Incorporated or Qualifed				1
						12/10/1979				l
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		App	lied For	ı
21		26				59-1976123			Applicable	ŀ
Suite, Apt. #, etc.		Suite, Apt. #, etc.	¬ '', '			5. Certifcate of Status Desired		\$8.75 A		
City & State	8	City & State				6. Election Campaign Financing		\$5.00 1	vlay Be	ĺ
23		28				Trust Fund Contribution	<u>.</u>	Added to	Fees	
Zip	Country	Zlp	Con	intry		8. This corporation owes the curr	ent-year Inta			=
24			30			Personal Property Tax.			□No	
	9. Name and Address of Curren	nt Registered Agent		81	Mana	10. Name and Address of New F	Registered A	gent		į
170	NE IOUN I	•		81	Name					
LYONS, JOHN J. 1605 MAIN STREET				82	Street Addr	Address (P.O. Box Number is Not Acceptable)			İ	
1	ASOTA FL 33577			83						ł
) JAN	AGOTA TE SSOTT			0.3						ļ
) 			,	84	City		FL	85 Zip C		
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida State	ites, the a	bove	e-named corp	oration submits this statement for the on's board of directors. I hereby accept	purpose of o	hanging its r	registered	
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was itions of, Section 607.0505, F	autnorized lorida Stati	utes	the corporation.	on's board of directors, Friereby accep	pt tile appoin	andin do reg	1310100	
SIGNATURE										
SIGNATORE	Signature, typed or printed name of registered age			Agen	t signature require	d when reinstating)	DATE	DIDECTOL	DC IN 10	1 3
12.		ID DIRECTORS	13.	n		ADDITIONS/CHANGES TO OF	FICERS ANI	Change	Addition	}
TITLE	DP	☐ DELETE	1.1 π		-			L.J onongo	1 100.00	:
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STREET ADDRESS	1701 BERN CREEK LOOP									}
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CITY-ST-ZIP TITLE	JANAJOIA, IL UUUUU				ADDRESS					
 — — 		☐ DELETE	2.4 C	лү-ѕ	IT-ZIP	Hillia David		Change	Addition	ļ
	FP	_ DELETE		TLE	IT-ZIP	Vice-President		Change		-
NAME STREET ADDRESS	FP WEAVER, PETER ROCKFORD	☐ DELETE	2. 4 C 3.1 TT 3.2 N/	TLE AME	IT-ZIP	Vice-President 1 don't Know when	re the	Echange F"Can		-=
STREET ADDRESS	FP WEAVER, PETER ROCKFORD 1701 BERN CREEK LOOP	☐ DELETE	2.4 C 3.1 TT 3.2 N/ 3.3 ST	TLE AME	IT-ZIP	Vice-President I don't know when It is not correc	re the t	Change F "Call not not		-
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS