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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:06

DOCUMENT # 649285

(4)

1. Corporation Name

GARY WESEMAN, BUILDER, INC.

Principal Place of Business

3501 NW 39TH AVE.
GAINESVILLE FL 32605

Mailing Address

3501 NW 39TH AVE.
GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

12/26/1979

3a. Date of Last Report

01/19/1994

4. FEI Number

59-2007139

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

City & State

23

Zip

Country

City & State

27

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WESEMAN, GARY W
3501 NW 39TH AVE.
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81

Name

GARY WESEMAN

82

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

3501 NW 39TH AVE

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

GARY WESEMAN

GARY WESEMAN Pres

1/11/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

TITLE

PD

NAME

WESEMAN, GARY W
3501 NW 39TH AVENUE
GAINESVILLE FL

STREET ADDRESS

CITY- ST- ZIP

1. TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

TITLE

S

NAME

WESEMAN, DONNA L
3501 NW 39TH AVE.
GAINESVILLE FL

STREET ADDRESS

CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

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 199.032, 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 appearing in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GARY WESEMAN Pres GARY WESEMAN

1/11/95

909-375-8801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR