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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 28 1997 8:00am  
Secretary of State

DOCUMENT # 675439

(4)

1. Corporation Name

WEGMAN ASSOCIATES, INC.



Principal Place of Business

8001 NORTH DALE MABRY HIGHWAY  
~~STE 701-B~~  
TAMPA FL 33614  
US

Mailing Address

8001 NORTH DALE MABRY HIGHWAY  
~~STE 701-B~~  
TAMPA FL 33614-3218  
US

2. Principal Place of Business

21 *As Above*

Suite, Apt. #, etc.

22 *Ste 101A*

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 *As Above*

Suite, Apt. #, etc.

27 *Ste 101A*

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GRANT, JOHN A., JR.  
1411 NORTH WESTSHORE BLVD.  
SUITE 110  
TAMPA FL

3. Date Incorporated or Qualified

06/28/1980

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2005404

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SCHUSTER, SIDNEY M.

STREET ADDRESS 508 E. DAVIS BLVD.

CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME PTD WEGMAN, W JOE

STREET ADDRESS 13618 GREENFIELD DR, APT 404

CITY-ST-ZIP TAMPA, F 00000

TITLE ☐ DELETE

NAME VSD WEGMAN, ANN L

STREET ADDRESS 13618 GREENFIELD DR, APT 404

CITY-ST-ZIP TAMPA, FL 00000

TITLE ☒ DELETE

NAME VP RAMPOLLA, RON

STREET ADDRESS 311 LIVE OAK RD

CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME AS NALES, KAREN K.

STREET ADDRESS 1924 GREGORY DR

CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME VP FERRIER, KEITH R

STREET ADDRESS 911 WOODLEAF WAY

CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

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 do 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:

*Karen K Nales*

*4/1/97*

*(813) 933-7418*

CR2E034 (9/96)