

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 694072 (0)

1. Corporation Name

J.A. WEIR GENERAL CONTRACTOR, INC.



Principal Place of Business

6108 YUCCA DR
FT PIERCE FL 34982

Mailing Address

6108 YUCCA DR
FT PIERCE FL 34982

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WEIR, JAMES A
6108 YUCCA DR
FT PIERCE FL 34982

3. Date Incorporated or Qualified

07/13/1981

3a. Date of Last Report

04/24/1995

4. FEI Number

59-2118335

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

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 607.01(2) 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 607.01(5), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required for all filings)

Signature of Registered Agent (Required for all filings)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	☐ DELETE
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ DELETE
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ DELETE
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ DELETE
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ DELETE
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change	☐ Addition
1. 1. TITLE		
2. 2. NAME		
3. 3. STREET ADDRESS		
4. 4. CITY, ST, ZIP		
5. 5. TITLE	☐ Change	☐ Addition
6. 6. NAME		
7. 7. STREET ADDRESS		
8. 8. CITY, ST, ZIP		
9. 9. TITLE	☐ Change	☐ Addition
10. 10. NAME		
11. 11. STREET ADDRESS		
12. 12. CITY, ST, ZIP		
13. 13. TITLE	☐ Change	☐ Addition
14. 14. NAME		
15. 15. STREET ADDRESS		
16. 16. CITY, ST, ZIP		
17. 17. TITLE	☐ Change	☐ Addition
18. 18. NAME		
19. 19. STREET ADDRESS		
20. 20. 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 119.04(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:

Donna T. Weir
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONNA T. WEIR

2-7-96 407464/7434
DATE DAY-MONTH-YEAR

CR2E034 (12/95)