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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 837924 (0)

1. Corporation Name

HOSEA O. WEAVER AND SONS, INC.



Principal Place of Business

Mailing Address

**7450 HOWELLS FERRY RD.
P.O. BOX 8039
MOBILE AL 36618-3407**

**7450 HOWELLS FERRY RD.
P.O. BOX 8039
MOBILE AL 36618-3407**

3. Date Incorporated or Qualified

02/25/1977

3a. Date of Last Report

05/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301**

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 the filer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** ☐ DELETE

NAME: **MATHEWS, HENRY BEN**
STREET ADDRESS: **7450 HOWELLS FERRY RD**
CITY-STATE-ZIP: **MOBILE, AL 00000**

TITLE **PD** ☐ DELETE

NAME: **WEAVER, PAUL E**
STREET ADDRESS: **7450 HOWELLS FERRY RD**
CITY-STATE-ZIP: **MOBILE, AL 00000**

TITLE **DST** ☐ DELETE

NAME: **WEAVER, CALVIN**
STREET ADDRESS: **7450 HOWELLS FERRY RD**
CITY-STATE-ZIP: **MOBILE, AL 00000**

TITLE **V** ☒ DELETE

NAME: **IRVINE, CLARKE U JR**
STREET ADDRESS: **7450 HOWELLS FERRY ROAD**
CITY-STATE-ZIP: **MOBILE, AL 36618**

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

1.1 TITLE **V** ☒ Change ☐ Addition

1.2 NAME: **MATHEWS, HENRY BEN**
1.3 STREET ADDRESS: **130 BEL AIR DRIVE**
1.4 CITY-STATE-ZIP: **DOCHAN, AL 36303**

2.1 TITLE **DPT** ☒ Change ☐ Addition

2.2 NAME: **WEAVER, PAUL E**
2.3 STREET ADDRESS: **240 SUFFOLK ROAD**
2.4 CITY-STATE-ZIP: **MOBILE, AL 36608**

3.1 TITLE **DVS** ☒ Change ☐ Addition

3.2 NAME: **WEAVER, CALVIN D**
3.3 STREET ADDRESS: **5305 OLD SHELL ROAD**
3.4 CITY-STATE-ZIP: **MOBILE, AL 36608**

4.1 TITLE **V** ☐ Change ☒ Addition

4.2 NAME: **MCGOUGH, WILLIAM M**
4.3 STREET ADDRESS: **1592 MANCHESTER BLVD**
4.4 CITY-STATE-ZIP: **PORT WYERS, FL 33919**

5.1 TITLE **S** ☐ Change ☒ Addition

5.2 NAME: **MURPHY III, JOHN E**
5.3 STREET ADDRESS: **6604 GATEWOOD DRIVE**
5.4 CITY-STATE-ZIP: **MOBILE, AL 36695**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME:

6.3 STREET ADDRESS:

6.4 CITY-STATE-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 119.07(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: *Calvin Weaver*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96

Date

(334) 342-3025

Daytime Phone #

CR2E034 (12/95)