

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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.

FILED
Aug 12 1997 8:00am
Secretary of State



Principal Place of Business
7450 HOWELLS FERRY RD.
P.O. BOX 8039
MOBILE AL 36618-3407

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/25/1977		3a. Date of Last Report 02/27/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 63-0567634		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE FL 32301				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 title 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	MATHews, HENRY BEN		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		130 BEL AIR DR		1.2 NAME			
STREET ADDRESS		DOTHAN AL		1.3 STREET ADDRESS			
CITY-ST-ZIP		DPT		1.4 CITY-ST-ZIP			
TITLE		WEAVER, PAUL E		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		240 SUFFOLK RD		2.2 NAME			
STREET ADDRESS		MOBILE AL		2.3 STREET ADDRESS			
CITY-ST-ZIP		DST		2.4 CITY-ST-ZIP			
TITLE		WEAVER, CALVIN		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		5305 OLD SHELL RD		3.2 NAME			
STREET ADDRESS		MOBILE, AL 00000		3.3 STREET ADDRESS			
CITY-ST-ZIP		V		3.4 CITY-ST-ZIP			
TITLE		MCGOUGH, WILLIAM M		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		1592 MANCHESTER BLVD		4.2 NAME			
STREET ADDRESS		FT MYERS FL		4.3 STREET ADDRESS	1584 McIntyre Drive		
CITY-ST-ZIP		S		4.4 CITY-ST-ZIP	Mobile, AL 36618		
TITLE		MURPHY III, JOHN E		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		6804 GATEWOOD DR		5.2 NAME			
STREET ADDRESS		MOBILE AL		5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 _____ SIGNATURE REQUIRED

8/5/97 (334)342-2025

CR2E034 (4/97)