

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 837924

1. Entity Name
HOSEA O. WEAVER AND SONS, INC.



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

Mailing Address
**P.O. BOX 8039
MOBILE, AL 36689**



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number
63-0567634

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

U000000126466
04/23/04-80035-007 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**V
MATHEWS, HENRY BEN
130 BEL AIR DR
DOTHAN, AL 36303**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DP
WEAVER, PAUL E
240 SUFFOLK RD
MOBILE, AL 36608**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**V
MURPHY III, JOHN E
7433 MALLARD DR.
MOBILE, AL 36695**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**TS
SHELLEY, S. MARK
6741 ROLLING GREEN DR.
MOBILE, AL 36695**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul E. Weaver

April 22, 2004 (251)342-3025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul E. Weaver

Date

Daytime Phone #