FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:19

DOCUMENT # **845194** **(0)**

1. Corporation Name
WEIL BROTHERS-COTTON INCORPORATED

Principal Place of Business	Mailing Address
P. O. BOX 20100 MONTGOMERY AL 36120	P. O. BOX 20100 MONTGOMERY AL 36120

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/11/1980**
3a. Date of Last Report: **01/21/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **63-0781716** ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	WEIL, ROBERT S	12 NAME	
STREET ADDRESS	3608 THOMAS AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY, AL 00000	14 CITY-ST-ZIP	
TITLE	CD	21 TITLE	☐ Change ☐ Addition
NAME	WEIL JR, ADOLPH	22 NAME	
STREET ADDRESS	2100 ALLENDALE ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY, AL 00000	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	WHEELER, GEORGE T.	32 NAME	
STREET ADDRESS	6207 HADDINGTON	33 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	WEIL II, ROBERT S	42 NAME	
STREET ADDRESS	3631 LANDSDOWNE DR	43 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY, AL 00000	44 CITY-ST-ZIP	
TITLE	VDS	51 TITLE	☐ Change ☐ Addition
NAME	WEIL III, ADOLPH	52 NAME	
STREET ADDRESS	2803 FERNWAY DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY, AL 00000	54 CITY-ST-ZIP	
TITLE	VTS	61 TITLE	☐ Change ☐ Addition
NAME	MCGHEE, JAMES E.	62 NAME	
STREET ADDRESS	2344 WENTWORTH DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY, AL 00000	64 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 119.07(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: _____ 1/13/95 334-244-1800
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR — Date — Daytime Phone #
James E. McGhee, Treasurer

0405070 FP