

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F13035 (3)

1. Corporation Name

WIEGAND BROTHER, INC.

Principal Place of Business

7454 SO TAMiami TRAIL  
C/O RICHARD L. WIEGAND  
SARASOTA FL 34231

Mailing Address

7454 SO TAMiami TRAIL  
C/O RICHARD L. WIEGAND  
SARASOTA FL 34231



3. Date Incorporated or Qualified  
12/23/1980

3a. Date of Last Report  
01/13/1995

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

4. FEI Number  
59-2047876

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

10. Name and Address of New Registered Agent

WIEGAND, RICHARD L.  
7454 SOUTH TAMiami TRAIL  
SARASOTA FL 34231

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 DP  
NAME WIEGAND, RICHARD L  
STREET ADDRESS 7454 SOUTH TRAIL  
CITY-STATE-ZIP SARASOTA, FL 00000

DELETE

TITLE DV  
NAME WIEGAND, GREGG A  
STREET ADDRESS 7454 SOUTH TRAIL  
CITY-STATE-ZIP SARASOTA, FL 00000

DELETE

TITLE DST  
NAME WIEGAND, GARY S  
STREET ADDRESS 7454 SOUTH TRAIL  
CITY-STATE-ZIP SARASOTA, FL 00000

DELETE

TITLE DV  
NAME WIEGAND, LANCE  
STREET ADDRESS 7454 SOUTH TRAIL  
CITY-STATE-ZIP SARASOTA, FL 00000

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

Date

(941) 921-5755

Daytime Phone #

CR2E034 (12/95)