

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F14139 (2)

1. Corporation Name

WEATHERBEATERS ALUMINUM, INC.

Principal Place of Business

10938 SALT TREE LN.
HUDSON FL 34674

Mailing Address

10938 SALT TREE LN.
HUDSON FL 34674



3. Date Incorporated or Qualified
01/01/1981

3a. Date of Last Report
08/15/1995

2. Principal Place of Business

21 13326 HARRISON ST

Suite, Apt. #, etc

2a. Mailing Address

26 13326 HARRISON ST

Suite, Apt. #, etc

4. FEI Number
59-2047895

Applied For
Not Applicable

22 City & State

23 BROOKSVILLE

24 Zip

34613

Country

25 FLORIDA

26 City & State

27 BROOKSVILLE

28 Zip

34613

Country

29 FLORIDA

30 City & State

31 BROOKSVILLE

32 Zip

34613

Country

33 FLORIDA

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

WAITE, JOAN
10938 SALT TREE LANE
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name
WAITE, JOAN

82 Street Address (P.O. Box Number is Not Acceptable)
13326 HARRISON

83

84 City
BROOKSVILLE

FL

85 Zip Code
34613

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 *Joan Waite*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
WAITE, JOAN
10938 SALT TREE LN.
PORT RICHEY, FL 00000

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
WAITE, DANIEL T
10938 SALT TREE LN
PORT RICHEY FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Daniel T. Waite
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL T. WAITE

8/3/96

352
597-5835

Date

Daytime Phone

CR2E034 (3/96)