## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F15861

1. Corporation Name

| i. Obipolati  | On Marrio   |                                    |                 |                         |   |  |
|---|---|------------------------------------|-----------------|-------------------------|---|--|
| WIER ENTERPRISES, INC.  |   |                                    |                 |                         | •   |  |
|   |   |                                    |                 |                         | 1 1002/100 2/101 2/101 10/10 10/10 10/10 1/10/10 1/10/10 1/10/10/10/10/10/10/10/10/10/10/10/10/10 | Polialad Bodo alad domini da                 |
|   |   |                                    |                 |                         |   |  |
| Principal Place of Business Mailing Address   |   |                                    |                 |                         |   | )11 81811 <b>018</b> 11 81811 01811 1801     |
| 4450 60TH AVE. NO. 4450 60TH AVE. NO. ST PETERSBURG FL 33714 ST PETERSBURG FL 33714 |   |                                    |                 |                         |   |  |
| SI PETEROBL   | JNG FL 33/14  | ST PETERSBURG FL 33714             |                 |                         | DO NOT WRITE IN THIS  | PRACE  |
| 1   |   |                                    |                 |                         | 3. Date Incorporated or Qualifed  | JF ACE                                       |
|   |   |                                    |                 |                         | 01/13/1981  |  |
| 2. Principal I  | Place of Business   | 2a. Mailing Address                |                 |                         | 4. FEI Number   | Applied For                                  |
| 21  |   | 26                                 |                 |                         | 59-2079629  | Not Applicable                               |
| Suite, Apt  | t. #, etc.  | Suite, Apt. #, etc.                |                 | *                       |   | \$8.75 Additional                            |
| 22  | 27  |                                    |                 |                         | 5. Certificate of Status Desired  | Fee Required                                 |
| City & Sta  | ate   | City & State                       |                 |                         | 6. Election Campaign Financing  | \$5.00 May Be                                |
| Zip   | Country   | 28                                 | -               | <del> </del>            | Trust Fund Contribution   | Added to Fees                                |
| 24  | Country   | Zip                                | Cour            | ntry                    | 8. This corporation owes the current year Inta  |  |
| [24]  | 9. Name and Address of Current  | 29 30                              | 01              |                         | Personal Property Tax.  10. Name and Address of New Registered A                                  | Sexes □No                                    |
|   | 5. Hallo and Address of Californi   | rogistered Agent                   |                 | 81 Name                 | 10. Name and Address of New Registered A  | gent   |
| FRE   | EMAN, JEFFREY D.  |                                    |                 |                         | · · · · · · · · · · · · · · · · · · ·   |  |
| 16635 VALLELY DR.   |   |                                    |                 | 82 Street Add           | ress (P.O. Box Number is Not Acceptable)  |  |
| TAMPA FL 33618  |   |                                    | -               | 83                      |   | · · · · · · · · · · · · · · · · · · ·        |
|   |   |                                    | L               |                         | · · · · · · · · · · · · · · · · · · ·   |  |
|   |   |                                    |                 | 84 City                 | FL  | 85 Zip Code                                  |
| 11. Pursuant  | to the provisions of Sections 607.0502  | and 607.1508, Florida Statutes.    | the ab          | ove-named com           | poration submits this statement for the number of o   | hanging its registered                       |
| Olirce U  | registered agent, or both, in the State of<br>am familiar with, and accept the obligati | n Fioriga. Such change was auth    | iorizea         | by the corporation      | on's board of directors. I hereby accept the appoint  | ment as registered                           |
| SIGNATURE   |   | ons or, dection dor. 0000, i longs | a Statu         | 165.                    |   |  |
| SIGNATURE   | Signature, typed or printed name of registered agent                                    | and title if applicable. (NOTE: Re | gistered A      | Agent signature require | d when reinstating) DATE  | N. P. S. |
| 12.   | OFFICERS AND  | DIRECTORS                          | 13.             |                         | ADDITIONS/CHANGES TO OFFICERS AND   | DIRECTORS IN 12                              |
| TITLE   | STD   | ☐ DELETE                           | 1.1 7771        | .E                      |   | ☐ Change ☐ Addition                          |
| NAME  | FREEMAN, JEFFREY D.   |                                    | 1.2 NA          | AE                      | •   |  |
| STREET ADDRESS  |   |                                    | 1.3 STR         | REET ADDRESS            | •   |  |
| CITY-ST-ZIP   | ST. PETERSBURG FL   |                                    | 1.4 CITY        | Y-ST-ZIP                |   |  |
| TITLE   | PD  | ☐ DELETE                           | 2.1 TITL        | .E                      |   | ☐ Change ☐ Addition                          |
| NAME  | WIER, JACK JR   |                                    | 2.2 NAM         | Æ .                     |   |  |
| STREET ADDRESS  |   |                                    | 2.3 STR         | EET ADDRESS             |   | •  |
| CITY-ST-ZIP   | ST. PETERSBURG FL   |                                    | 2.4 CITY-ST-ZIP |                         |   |  |
| TITLE   |   | ☐ DELETE                           | 3.1 TITL        | .E                      | The first of the second second  | Change 🛫 🗀 Addition                          |
| NAME  |   |                                    | 3.2 NAW         | Æ .                     | -   |  |
| STREET ADDRESS  |   |                                    | 3.3 STR         | EET ADDRESS             |   |  |
| CITY-ST-ZIP   |   |                                    |                 | Y-ST-ZIP                | -   |  |
| TITLE   |   | ☐ DELETE                           | 4.1 TITLE       |                         |   | ☐ Change ☐ Addition                          |
| NAME  |   |                                    | 4. 2 NAN        | l l                     |   |  |
| STREET ADDRESS  |   |                                    | 4.3 STRI        | EET ADDRESS             |   |  |
| CITY-ST-ZIP   |   |                                    |                 | -ST-ZIP                 | **************************************  |  |
| TITLE   |   | ☐ DELETE                           | 5.1 TITL        | ï                       |   | ☐ Change ☐ Addition                          |
| NAME  | i   |                                    | 5.2 NAM         | t I                     |   | *.   |

14. 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 annual report or suppliemental 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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

GIV URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

7ch-99 727 5

**FILED** 

Feb 18, 1999 8:00am

**Secretary of State** 

02-18-1999 90047 025 \*\*\*150.00

727 527-2121 Daytime Phone #

Change

☐ Addition

CR2E034 (11/98)