

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

FILED
Apr 25 1996 8:00 am
Secretary of State

DOCUMENT # F35025 (8)

1. Corporation Name

WEEDMAN GENERAL II, INC.

Principal Place of Business

Mailing Address

4925
SR 13
ST. AUGUSTINE FL 32092
US

6700 CR 16 A
4925 SR 13
ST. AUGUSTINE FL 32092
US



3. Date Incorporated or Qualified
06/01/1981

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2089925

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

22
Suite, Apt. #, etc.

27
Suite, Apt. #, etc.

23
City & State

28
City & State

24
Zip

25
Country

29
Zip

30
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEEDMAN, GERALDINE P
SR 13
GREEN COVE SPRINGS FL

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

Geraldine P. Weedman

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

(NOTE: Registered Agent signature required when reinstating)

4/22/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME WEEDMAN, EARL J
STREET ADDRESS COUNTY RD 16A 6700
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE DP ☐ DELETE
NAME WEEDMAN, GERALDINE P
STREET ADDRESS COUNTY RD 16A 6700
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VCOOPER, BASAN, E. ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 1707 Elsie ST.
1.4 CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Geraldine P. Weedman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

DATE

904-284-9808

DAYTIME PHONE #

CR2E034 (12/95)