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FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90273 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F66399

1. Corporation Name
WALDHAUER & SON, INC.



Principal Place of Business 4996 PALM COAST PARKWAY NORTHWEST SUITE 7 PALM COAST FL 32137	Mailing Address 4996 PALM COAST PARKWAY NORTHWEST SUITE 7 PALM COAST FL 32137
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 04/01/1982	
4. FEI Number 59-2177884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
CHIUMENTO, MICHAEL D.
326 MOODY BLVD.
FLAGLER BCH. FL 32036

10. Name and Address of New Registered Agent
 81 Name
Chiumento, Michael D. (change of address only)
 82 Street Address (P.O. Box Number is Not Acceptable)
4 Old Kings Road, N. Ste. B
 83
 84 City
Palm Coast **FL** 85 Zip Code
32137

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALDHAUER, ROY C. S	
STREET ADDRESS	PO BOX 351991	
CITY-ST-ZIP	PALM COAST FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALDHAUER, ROY C. J	
STREET ADDRESS	6 DOLPHIN DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LUDECKER, BRENDA S	
STREET ADDRESS	139 AVALON AVENUE	
CITY-ST-ZIP	FLAGLER BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WALDHAUER, ROY C SR	
STREET ADDRESS	PO BOX 351991	
CITY-ST-ZIP	PALM COAST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WALDHAUER, ROY C., II
2.3 STREET ADDRESS	P.O. Box 1881
2.4 CITY-ST-ZIP	Flagler Beach, FL 32136
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 Date 904-446-5524 Daytime Phone #

CR2E034 (1/98)