FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00					
COR	PROFIT PORATION IAL REPORT	FLORIDA DEPARTA Sandra B. N Segretary o	Mortham		
	19963-20-96		APORATIONS (
DOCUMENT # F9400001693 (0)					
* WIEKER ENTERPRISES, INC.					
*******	in Entrem moto, mo			1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HI BANG ARAN ARIAN KATA BEKAR MAKAN KAN IRAN
Principal Place of Business Mailing Address					
1821 M 3/4 RD. P.O. BOX 958					
FRUITA CO B1521 LARGO FL 34649					
				3. Date Incorporated or Qualified 04/04/1994	3a. Date of Last Report 01/24/1995
2. Principal Pla		2a. Mailing Address		4. FEI Number	Applied For
₂₁ 1821	M 3/4 ROAD	26 1821 M 3/4	ROAD	84-0505776	Not Applicable
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 FRUIT	·	City & State 28 FRUITA, CC	81521	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 8152	Country 25 MESA	Zip 29 81521 30	Country MESA	8. This corporation has liability for Florida Statutes Yes	intangible tax under s 199.032,
9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent					
B1 Name PENNY J. BAILEY					
WIEKER, ROBERT E 1250 SEMINOLE BLVD. 82 S C/O WINIFRED WIEKER					
LARGO FL 34640 83 1581 GULF BLVD., APT 601					
CLEARWATER, FL 34630					
11. Pursuant to the broyslons of Sections 607.0502 and 607.1508, Florida Statutes, the above-nar					
or registered agent, or both, in the State of Florida, Such change was authorized by the corpora. familiar with April accept the obligations of, Section 607.0505, blorida Statutes.					
SIGNATURE GENERAL 3-14-96					
12.	Socialum, tyreed or printed arms en egisseneo agont. OFFICERS ANI	D DIRECTORS (NOTE: Re	gistered Agent signaturo requin	ed when reinslating! ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1. 1 TILE	DIRECTOR	ICERS AND DIRECTORS IN 12 K Change Addition 2000
NAME	WIEKER, ROBERT E		1.2 NAME		8
STREET ADDRESS	1581 GULF BLVD. CLEARWATER FL 34630		l l	1581 GULF BLVD.	#601 ដ្រ
CITY-ST-ZIP TITLE	VD	[] DELETE	1,4 CHY-ST-ZIP 2, 1 TITLE	SECRETARY/TREASUR	#601 III
NAME	BAILEY, PENNY JEAN	4.2	ì	AND DIRECTOR	TIV M
STREET ADDRESS	1821 M 3/4 RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	FRUITA CO 81521 STD	DELETE	2.4 C(TY-ST-2)F 3.1 TITLE	PRESIDENT	XI Change
NAME	WIEKER, WINIFRED L	vec		WINIFRED W. WIE	
STREET ADDRESS	1581 GÜLF BLVD.			1581 GULF BLVD.	
CITY - S1 - Z(P	CLEARWATER FL 34630		3 4 CITY- 51- ZIP		
TITLE NAME		☐ DELETE		JAMES L. BAILEY VICE-PRESIDENT	Change 🔯 Addition
STREET ADDRESS				1821 M 3/4 ROAD	
CITY-ST-7IP				•	521
THEF		DELETE	5 1 TITLE	MELISSA A. BAIL	
NAME CIDELL AUDDICC				DIRECTOR	
STREET ADDRESS CITY-ST-ZP				1821 M 3/4 ROAD FRUITA, CO 81	521
1/1LE		DELETE		VICE-PRESIDENT	Change 🙀 Addition
NAME		4 5		AMANDA J. BAILE	
STREET ADDRESS	de non h	Bank 300.00	1	1821 M 3/4 ROAD	923
CITY-ST-ZIP	certify that the information current	ith the filing is voluntarily furnished	64 CITY-ST-ZIP	FRUITA, CO 815	CT/(2VI) Florido Statudo Lauthor

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 precion 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 attaching it with an address.

SIGNATURE: X

SIGNATURE AND THE POA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96 920-8587028