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Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000001693 (0)

1. Corporation Name

WIEKER ENTERPRISES, INC.

Principal Place of Business

1821 M 3/4 ROAD
FRUITA CO 81521
US

Mailing Address

1821 M 3/4 ROAD
FRUITA CO 81521-8049
US



3. Date Incorporated or Qualified

04/04/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

City & State

29

Zip

Country

30

4. FEI Number

84-0505776

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

9. Name and Address of Current Registered Agent

BAILEY, PENNY J
C/O WINIFRED WIEKER
1581 GULF BOULEVARD APT 601
CLEARWATER FL 34630

10. Name and Address of New Registered Agent

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 PENNY J. BAILEY

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 D ☐ DELETE

NAME WIEKER, ROBERT E
STREET ADDRESS 1581 GULF BLVD. #601
CITY-ST-ZIP CLEARWATER FL 34630

TITLE STD ☐ DELETE

NAME BAILEY, PENNY JEAN
STREET ADDRESS 1821 M 3/4 RD.
CITY-ST-ZIP FRUITA CO

TITLE P ☐ DELETE

NAME WIEKER, WINIFRED W
STREET ADDRESS 1581 GULF BLVD. #601
CITY-ST-ZIP CLEARWATER FL 34630

TITLE VP ☐ DELETE

NAME BAILEY, JAMES L
STREET ADDRESS 1821 M 3/4 ROAD
CITY-ST-ZIP FRUITA CO 81521

TITLE D ☐ DELETE

NAME BAILEY, MELISSA A
STREET ADDRESS 1821 M 3/4 ROAD
CITY-ST-ZIP FRUITA CO 81521

TITLE VP ☐ DELETE

NAME BAILEY, AMANDA J
STREET ADDRESS 1821 M 3/4 ROAD
CITY-ST-ZIP FRUITA CO 81521

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

JAMES, AMANDA J.

14. I do 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 on an attachment with an address.

SIGNATURE: PENNY J. BAILEY REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)