Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90105 008 ***150.00

Mailing Address

PO BOX 780

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H35231

1. Corporation Name

Principal Place of Business 209 W. GREEN ST.

WEISS BUILDING CENTER, INC.

PO BOX 780 PERRY FL 32347		PO BOX 780 PERRY FL 32348				DO NOT WRITE IN THIS SPACE			
121111111111111111111111111111111111111	•	US			3.	Date Incorporated or Qualif	ed		
						12/20/1984			
2. Principal Pl	ace of Business	2a. Mailing Address			4.	FEI Number		Ar	plied For
21 26					j	59-2490599		No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #			etc.					\$8.75	Additional
22 27				-	5.	Certificate of Status Desired	1 : i :	• -	equired
City & State City & State					6.	Election Campaign Financia	ng —	\$5.00	May Be
23 28						Trust Fund Contribution	.,a 🗆		to Fees
Zip	Country Zip				8.	This corporation owes the o	current year In	tangible	
24	25	29 3	ō			Personal Property Tax.	•	☑ Yes	□Nø
1	9. Name and Address of Curren	t Registered Agent	<u>, </u>		10.	Name and Address of Ne	w Registered	Agent	
		, , , ,	81	Name]
ROBERTSON, FRANK			82	Cten at A	A el el en en e / C	P.O. Box Number is Not Acce			
HWY. 27 EAST			02	Street	Address (F	.O. Box Number is Not Acce	spiaule)		}
PERRY FL 32347			83		•				
			84	City				ne Zin	Code
	•		04	City			FL	85 Zip -	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above	e-named o	corporation	n submits this statement for	the purpose of	changing its	registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was auti	horized by	the corpo	oration's bo	oard of directors. I hereby ac	cept the appo	intment as re	egistered
•	in familiar with, and accept the congar	dona or, decitor our socia, i toric	iu Ciuloiou	•					
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	egistered Ager	nt signature re	equired when o	reinstating)	DATE		<u> </u>
12,			13.			ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	DRS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE						Addition
NAME	WEISS, KARL R.		1.2 NAME	1		_			1
STREET ADDRESS	200 N. CHERYL DRIVE		1.3 STREET	LADOBESS	127	Bullen			}
	PERRY FL		1.4 CITY-S		1.0				
CITY-ST-ZIP	DIS	☐ DELETE	2.1 TITLE	1-21				Change	Addition
	WEISS, CHERYL R.		2.2 NAME					<i>,</i> ,	
NAME			2.3 STREET	- +000=00	127	Bullen			ŀ
STREET ADDRESS	· 200 N. CHERYL DRIVE				12.				ł
-CITY-ST-ZIP			2. 4 CITY-S 3.1 TITLE	ST-ZIP -	` ~-	<u></u>	-	☐ Change	Addition
TIMLE		C) DECE IE	1					Onlongo	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	l l					
CITY-ST-ZIP			3.4. CITY - S	T-ZIP				Charas	Addition
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition }
NAME			4. 2 NAME	1					
STREET ADDRESS			4.3 STREE						
CITY+ST-ZIP			4.4 CITY-S	T-ZIP					Fing & state .
TITLE		☐ DELETE	5.1 TITLE	1				☐ Change	Addition
NAME			5.2 NAME	ļ					
STREET ADDRESS			5.3 STREE	TADDRESS					Ì
CITY-ST-ZIP			5.4 CITY-S	T- ZIP					
TITLE		☐ DELETE	6.1 TI7LE					☐ Change	☐ Addition
NAME			6.2 NAME	Ì					
STREET ADDRESS			6.3 STREET	ADDRESS					

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

