

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Apr 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H61962 (7)

1. Corporation Name
ALLEMAN-WEIDEMAN, INC.



Principal Place of Business 2530 55TH STREET S.W. NAPLES FL 33999	Mailing Address 2530 55TH STREET S.W. NAPLES FL 34116-5524
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3. Date Incorporated or Qualified 06/14/1985	3a. Date of Last Report 04/15/1996
4. FEI Number 59-2561867	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

9. Name and Address of Current Registered Agent

**ALLEMAN, DAVID M.
2704 FOUNTAIN VIEW CIRCLE APT. 203
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name **ALLEMAN, DAVID M.**
 82 Street Address (P.O. Box Number is Not Acceptable)
4100 MARINER LAKE
 83
 84 City **BONITA SPRINGS** FL 85 Zip Code **34134**

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 *David M. Alleman* **DAVID M. ALLEMAN** DATE **4-25-97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	ALLEMAN, DAVID M.
STREET ADDRESS	2704 FOUNTAIN VIEW #203
CITY-ST-ZIP	NAPLES FL
TITLE	T <input type="checkbox"/> DELETE
NAME	ALLEMAN, MARSHA D.
STREET ADDRESS	2704 FOUNTAIN VIEW #203
CITY-ST-ZIP	NAPLES FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	WEIDEMAN, JOHN R.
STREET ADDRESS	2530 55TH STREET S.W.
CITY-ST-ZIP	NAPLES FL
TITLE	S <input type="checkbox"/> DELETE
NAME	WEIDEMAN, SALLY .
STREET ADDRESS	2530 55TH STREET S.W.
CITY-ST-ZIP	NAPLES 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	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALLEMAN, DAVID M.
1.3 STREET ADDRESS	4100 MARINER LAKE
1.4 CITY-ST-ZIP	BONITA SPRINGS, FL, 34134
2.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALLEMAN, MARSHA D.
2.3 STREET ADDRESS	4100 MARINER LAKE
2.4 CITY-ST-ZIP	BONITA SPRINGS, FL, 34134
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 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: *David M. Alleman* **DAVID M. ALLEMAN** DATE **4-25-97** 941-992-1183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)