

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
3011 B. Meridian
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED

90 FEB 20 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H74318** (7)

1. Corporation Name
WEISS NAPLES CITY CORP.

Principal Place of Business
**7205 MORNING DOVE LOOP WEST
LAKELAND FL 33809**

Mailing Address
**7205 MORNING DOVE LOOP WEST
LAKELAND FL 33809**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/03/1985	3a. Date of Last Report 03/15/1994
4. FEI Number 59-2583412	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 type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**CLARK, JOHN C
911 S PARSONS AVE
BRANDON BUS CENTER
BRANDON FL 33511**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

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: *Billy E. Weiss* DATE: *Feb 22, 1995*

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	HUBBELL, ROBERT K,
STREET ADDRESS	5301 SW 10TH ST.
CITY-ST-ZIP	PLANTATION FL
TITLE	PD
NAME	WEISS, BILLY
STREET ADDRESS	7205 MORNING DOVE
CITY-ST-ZIP	LAKELAND FL
TITLE	VPD
NAME	WEISS, DONALD
STREET ADDRESS	1860 SW 70TH AVE
CITY-ST-ZIP	PLANTATION FL
TITLE	SD
NAME	WEISS, DOROTHY MAE
STREET ADDRESS	7205 MORNING DOVE
CITY-ST-ZIP	LAKELAND FL
TITLE	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 accept this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Billy E. Weiss, President* DATE: *2/22/95*