

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J14248 (5)

1. Corporation Name  
WEAK INDUSTRIES, INC.



Principal Place of Business  
9132 BLAIRMOR RD  
TAMPA FL 33635

Mailing Address  
9132 BLAIRMOR RD  
TAMPA FL 33635

3. Date Incorporated or Qualified  
05/14/1986

3a. Date of Last Report  
03/14/1995

2. Principal Place of Business  
21 4904 Stolls Ave.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 4904 Stolls Ave.  
Suite, Apt. #, etc.

4. FEI Number  
59-2672727

Applied For  
Not Applicable

22 City & State  
23 Tampa, Fla.  
24 33615  
25 Country

27 City & State  
28 Tampa, Fla.  
29 33615  
30 Country

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

STEBBINS, RODNEY J.  
9132 BLAIRMOR RD  
TAMPA FL 33635-1322

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 4904 Stolls Ave.  
84 City  
85 Tampa FL 33615

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

*[Signature]*

(NOTE: Registered Agent Signature required when reinstating)

2/24/96  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	DELETED
NAME	STEBBINS, RODNEY J.	
STREET ADDRESS	9132 BLAIRMOR RD	
CITY-STATE-ZIP	TAMPA FL	
TITLE	SV	DELETED
NAME	STEBBINS, KYONG S	
STREET ADDRESS	9132 BLAIRMOR DR	
CITY-STATE-ZIP	TAMPA FL	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/96 813-884-1810  
Date Daytime Phone #

CR2E034 (12/95)