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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J47780

(8)

WEYGAM CORPORATION

Principal Place of Business	Mailing Address
C/O WEYAND, WILLIAM, G	PO BOX 816
1141 GULF STREAM WAY	PLANT CITY FL 33564-0816
RIVIERA BEACH FL 33404	US
U\$	

FILED Apr 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/17/1986 Applied For Mailing Address 4. FEI Number 2. Principal Place of Business 21 26 Not Applicable 59-2751324 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Reguired 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes 25 29 30 Personal Property Tax due June 30 □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name WEYAND, WILLIAM G. 1141 **QULF STREAM** WAY 82 Street Address (P.O. Box Number is Not Acceptable) RIVIERA BEACH FL 33404 83 84 City Zip Code FI 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE WEYAND, WILLIAM G. NAME 1.2 NAME 1141 GULF STREAM WAY STREET ADDRESS 1.3 STREET ADDRESS **RIVIERA BEACH FL** CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE T Change Addition TITLE 2.1 TITLE CHISHOLM, MARTHA NAME 2.2 NAME 1141 GULF STREAM WAY STREET ADDRESS 2.3 STREET ADDRESS **RIVIERA BEACH FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change noilibbA 🔲 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZiP ☐ Change DELETE __ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.