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AND
FILED

95 APR 18 PM 6:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J54579

(4)

1. Corporation Name

NAT WEAVER, INC.

Principal Place of Business

2519 PERSHING OAKS PLACE
2519 PERSHING OAKS PLACE
ORLANDO FL 32806
US

Mailing Address

C/O W. N. WEAVER, JR.
2519 PERSHING OAKS PLACE
ORLANDO FL 32806
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 ORLANDO FLA

2a. Mailing Address

26 2519 PERSHING OAKS PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ORLANDO FLA

City & State

26 ORLANDO FL 32806

Zip

24 32806

Country

25 USA

Zip

29 32806

Country

30 USA

3. Date Incorporated or Qualified

01/19/1987

3a. Date of Last Report

04/22/1994

4. FEI Number

59-2763598

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

for Prior Years

9. Name and Address of Current Registered Agent

WEAVER, WILLIAM N., JR.
2519 PERSHING OAKS PLACE
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name

SAME AS H-9

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature: typed or printed name of registered agent and title if applicable

DATE

1-6-95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☒ Addition

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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

WILLIAM N. WEAVER, JR. - 1

DATE

EXPIRATION DATE

1-6-95

NO7 - 859-1044