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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **J93427** **(9)**

1. Corporation Name

RICK WEIDIG CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
4345 HORSESHOE BEND MERRITT ISLAND FL 32953-7937	4345 HORSESHOE BEND MERRITT ISLAND FL 32953-7937

3. Date Incorporated or Qualified: **09/22/1987**
3a. Date of Last Report: **08/01/1995**

2. Principal Place of Business
21: 101-6 Summer Place
22: Suite, Apt. #, etc.
23: Merritt Island, FL
24: Zip 32953
25: Country USA

2a. Mailing Address
26: 101-6 Summer Place
27: Suite, Apt. #, etc.
28: Merritt Island, FL
29: Zip 32953
30: Country USA

4. FEI Number: **59-2914605** ☐ Applied For ☐ Not Applicable

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

WEIDIG, JOHN R.
4345 HORSESHOE BEND
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 101-6 Summer Place
83:
84 City: Merritt Island **FL** 85 Zip Code: 32953

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 _____ DATE _____
Signature, typed or printed name of registered agent or a title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	WEIDIG, JOHN R.		1.2 NAME	
STREET ADDRESS	4345 HORSESHOE BEND		1.3 STREET ADDRESS	101-6 Summer Place
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	ROGERS, TERRY M.		2.2 NAME	
STREET ADDRESS	4345 HORSESHOE BEND		2.3 STREET ADDRESS	101-6 Summer Place
CITY-ST-ZIP	MERRITT ISLAND FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: Terry M Rogers Terry M Rogers 4/23/96 407-452-8745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #