Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90145 004 \*\*\*158.75

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

| DOCUI  | MENT # <b>J93427</b>                    |                                   |                       |                 |  |                                    |                        |
|--|---|-----------------------------------|-----------------------|-----------------|--|------------------------------------|------------------------|
| 1. Corporation Name  RICK WEIDIG CONSTRUCTION, INC.          |   |                                   |                       |                 |  |                                    |                        |
| HICK WI  | EIDIG CONSTRUCTION, INC                 | 10                                |                       |                 | 1 (2011) B DIED SUCEN SEIST DIGIO (1865 1881 DIG   | U ATON DIGIT ALDIE P               | 1611 81811 1821        |
|  |   |                                   |                       |                 |  |                                    |                        |
| Principal Place  | of Business                             | Mailing Address                   |                       |                 | C INCITION AND THE COURSE IN THE COURSE OF T | ( Bibli Visii Vibii S              | 11816 61611 1884       |
| 3371 BISCAYNE DR. 3371 BISCAYNE DR.                          |   |                                   |                       |                 |  |                                    |                        |
| MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953              |   |                                   |                       |                 | DO NOT WRITE IN TH   | IC CDACE                           |                        |
| บร   |   | US                                |                       |                 | 3. Date Incorporated or Qualifed   | 13 SFACE                           |                        |
|  |   |                                   |                       |                 | 09/22/1987   |                                    |                        |
| 2. Principal P   | lace of Business                        | 2a. Mailing Address               |                       | <del></del>     | 4. FEI Number  | Арі                                | plied For              |
| 21   | •                                       | 26                                |                       |                 | 59-2914605   | Not                                | t Applicable           |
| Suite, Apt. #, etc. Suite, Apt. #, etc.                      |   |                                   |                       |                 | 5. Certificate of Status Desired   | \$8.75 A                           |                        |
| 22 27  |   |                                   |                       |                 | 0. 00.110010 01.01010 01.0101  | Fee Re                             | <u> </u>               |
| City & Stat  | е                                       | City & State                      |                       |                 | 6. Election Campaign Financing   | \$5.00                             |                        |
| 23 28  |   |                                   | Country               |                 | Trust Fund Contribution  | Added to                           | o Fees                 |
| Zip  | Country                                 | Zip                               | _                     |                 | This corporation owes the current year I     Personal Property Tax.  | ntangible<br>☐ Yes                 | MVo                    |
| 24 25 29 30  9. Name and Address of Current Registered Agent |   |                                   |                       |                 | 10. Name and Address of New Registere  |                                    |                        |
|  | 9. Name and Address of Curren           | Registered Agent                  | 81                    | Name            | 10. Halifu dila piasissa 3. Hon Hagista  |                                    |                        |
| WEIDIG, JOHN R.  |   |                                   |                       |                 |  |                                    |                        |
| 3371 BISCAYNE DR.  |   |                                   | 82                    | Street A        | Address (P.O. Box Number is Not Acceptable)  |                                    |                        |
| MERRITT ISLAND FL 32953                                      |   |                                   | 83                    |                 |  |                                    |                        |
|  |   |                                   | 84                    | City            |  | . 85 Zip C                         | Code                   |
|  |   |                                   |                       | ,               | F  | L     `                            |                        |
| 11. Pursuant   | to the provisions of Sections 607.050   | 2 and 607.1508, Florida Statutes  | s, the above          | e-named o       | corporation submits this statement for the purpose pration's board of directors. I hereby accept the app   | of changing its<br>ointment as reg | registered<br>gistered |
| agent. I a   | n familiar with, and accept the obligat | ions of, Section 607.0505, Florid | da Statutes           |                 | ,  | -                                  |                        |
| SIGNATURE  |   |                                   |                       |                 | DATE   |                                    |                        |
|  |   |                                   | 13.                   | nt signature re | ADDITIONS/CHANGES TO OFFICERS  | AND DIRECTO                        | RS IN 12               |
| 12.  | D OFFICERS AIT                          | □ DELETE                          | 1.1 TITLE             |                 |  | ☐ Change                           | Addition               |
| NAME   | WEIDIG, JOHN R                          |                                   | 1.2 NAME              |                 |  |                                    |                        |
| STREET ADDRESS   |   |                                   | 1.3 STREET            | ADDRESS         |  |                                    |                        |
| CITY-ST-ZIP  | MERRITT ISLAND FL 32953                 |                                   | 1.4 CITY-ST-ZIP       |                 |  |                                    |                        |
| TITLE  |   |                                   | 2.1 TITLE             |                 |  | Change                             | Addition               |
| NAME   | 1 =                                     |                                   | 2.2 NAME              | 1               |  |                                    |                        |
| STREET ADDRESS   | THE PROPERTY AND                        |                                   | 2.3 STREE             | TADORESS        |  | •                                  |                        |
| CITY-ST-ZIP  | MERRITT ISLAND FL 32953                 |                                   | 2. 4 CITY- S          | T-ZIP           |  |                                    |                        |
| TITLE  | ☐ DELETE 3                              |                                   | 3.1 TITLE             |                 |  | ☐ Change                           | Addition               |
| NAME   |   |                                   | 3.2 NAME              |                 |  |                                    |                        |
| STREET ADDRESS   |   |                                   | 3.3 STREET            | ADDRESS         |  |                                    |                        |
| CITY-ST-ZIP  |   |                                   | 3.4. CITY-ST-ZIP      |                 |  | ☐ Change                           | Addition               |
| TITLE  |   |                                   | 4.1 TITLE             |                 |  | □ cuange                           |                        |
| NAME   |   |                                   | 4, 2 NAMÉ             |                 |  |                                    |                        |
| STREET ADDRESS   |   |                                   | 4.3 STREE             |                 |  |                                    |                        |
| CITY-ST-ZIP  |   | ☐ DELETE                          | 4.4 CITY-S            | r-ZIP           |  | ☐ Change                           | Addition               |
| TITLE  |   | LJ DELETE                         | 5.1 TITLE<br>5.2 NAME |                 |  | _ 2,,,,,,,,                        |                        |
| NAME   |   |                                   | 5.3 STREE             | LADDRESS        |  |                                    |                        |
| STREET ADDRESS   |   |                                   | 5.4 CITY-S            |                 |  |                                    |                        |
| CITY-ST-ZIP  |   | ☐ DELETE                          | 6.1 TITLE             | 1               |  | Change                             | Addition               |
| TITLE  |   | ــ محدد                           | 6.2 NAME              |                 |  |                                    |                        |

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 Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS