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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

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90102 009 ***150.00

DOCUMENT # L05534

1. Corporation Name
DONALD WIPERT CUSTOM HOMES, INC.

Principal Place of Business	Mailing Address
9535 STAR TRAIL NEW PORT RICHEY FL 34654	9535 STAR TRAIL NEW PORT RICHEY FL 34654

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
07/31/1989

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **59-2971092**	Applied For / Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24	25	Zip / Country 29	30	8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WIPERT, DONALD 9535 STAR TRAIL NEW PORT RICHEY FL 34654	81 Name 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. (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WIPERT, DONALD		1.2 NAME		
STREET ADDRESS	9535 STAR TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WIPERT, BETTY		2.2 NAME		
STREET ADDRESS	9535 STAR TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WIPERT, RICHARD		3.2 NAME		
STREET ADDRESS	5326 AVERY ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE	VPD	☒ Change ☐ Addition
NAME	WIPERT, DAVID		4.2 NAME	WIPERT, DAVID	
STREET ADDRESS	9535 STAR TRAIL		4.3 STREET ADDRESS	12446 QUIGLEY AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY FL		4.4 CITY-ST-ZIP	BROOKSVILLE, FL	
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 (11/98)

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.

SIGNATURE: _Donald Cuipert_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 8, 1999   (727) 862-9734
Date   Daytime Phone #