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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L14398

(6)

1. Corporation Name
WECO DEVELOPMENT CO.

Principal Place of Business

4700 RUTLEDGE PIKE
KNOWVILLE TN 37814

Mailing Address

4700 RUTLEDGE PIKE
KNOWVILLE TN 37814-3225



3. Date Incorporated or Qualified
08/31/1989

3a. Date of Last Report
03/06/1996

4. FEI Number

59-2966949

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

2. Principal Place of Business

21 580 SeaCliffs Drive

Suite, Apt. #, etc.

22

City & State

23 Port St. Joe, FL

Zip

24 32456

Country

25 Gulf

2a. Mailing Address

26 580 SeaCliffs Drive

Suite, Apt. #, etc.

27

City & State

28 Port St. Joe, FL

Zip

29 32456

Country

30 Gulf

9. Name and Address of Current Registered Agent

BLUE, ROB, JR.
221 MCKENZIE AVE
PANAMA CITY FL 32402

10. Name and Address of New Registered Agent

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 required for person named as registered agent and title, if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME WEAVER, DENNIS
STREET ADDRESS 1438 JEFFRIES HOLLOW RD
CITY-ST-ZIP SEYMOUR TN

TITLE S ☐ DELETE

NAME WEAVER, JANA
STREET ADDRESS 1438 JEFFRIES HOLLOW RD
CITY-ST-ZIP SEYMOUR TN

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition

1.2 NAME WEAVER, DENNIS
1.3 STREET ADDRESS 648 SeaCliffs Dr.
1.4 CITY-ST-ZIP Port St. Joe, FL 32456

2.1 TITLE S ☒ Change ☐ Addition

2.2 NAME WEAVER, JANA
2.3 STREET ADDRESS 648 SeaCliffs Dr.
2.4 CITY-ST-ZIP Port St. Joe, FL 32456

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 300002111313
5.3 STREET ADDRESS -03/12/97--01071--019
5.4 CITY-ST-ZIP ***165.00

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Dennis Weaver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-97

Date

904
227-2121

Daytime Phone

CR2E034 (9/96)