## 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

## May 13, 1999 8:00 am Secretary of State

05-13-1999 90022 047 \*\*\*150.00

**DOCUMENT #** 

WEYBRIDGE ENTERPRISES, INC

Principal Place of Business C/O GARY SWEETMAN  2904 MANATEE AVE, BRADENTON FL. 34205	
C/o GARY SWEETMAN,	
13904 MANATER AUE 0404, MANAT	DO NOT WRITE IN THIS SPACE
LOOK THENTIES THE BRADENTE	N (-L. 3. Date Incorporated or Qualified
BRADENTON FL. 34205	34205 10/27/1989
Principal Place of Business     2a. Mailing Address	4. FEI Number /   Applied For
21 26	NOT. APPIKABLE L Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	5. Certificate of Status Desired  \$8.75 Additional
27	Fee Required
City & State City & State	6. Election Campaign Financing \$5.00 May Be
Zip Country Zip Coun	Trust Fund Contribution Added to Fees
	8. This corporation owes the current year Intangible  Personal Property Tax.
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
O- O ( ) STEET MAN	81 Name
BRADENTON FL. 3425  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 Zip Code	
DAZI MANATEE AVENUE	Street Address (F.O. Box Multiper is Not Acceptable)
2704, /////	83
ROANCION FL. 34205	84 City 85 Zip Code
DK H JEN ION	FL   '
Contract to the purpose of changing its fed statutes the above pamed corporation submits this statement for the purpose of changing its fedistered.	
office or registered agent for both state of florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fightlight with, and accept the obligations of, Section 207.0505, Florida Statutes.	
SIGNATURE YOUR V : WILLIAM ( GARY W.	SWEELMAN ) 2/0/99
Signature, typed or printed name if registered agent all fulle if applicable. (NOTE: Registered A	Agent signature required when reinstature)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
T DOUBTE WITH	
111111111111111111111111111111111111111	
TOWNE THE PERSON OF THE PERSON	REET ADDRESS :
STREET ADDRESS	Y-ST-2IP
OTT-01-21	
NAME RILLY PAUL F. 22 NAM	AE
TITLE DELETE 2.1 TITL  NAME RILLY, PAUL F.  STREET ADDRESS 3, CHAL GROVE CLOSE 23 STR  CITY-ST-ZIP  TITLE  MAIDENHEAD BORK: DELETE 3.1 TITL  TITLE  DELETE 2.1 TITL  2.4 CITY  TITLE  MAIDENHEAD BORK: DELETE 3.1 TITL  3.1 TITL	REETADDRESS
CITY-ST-ZIP MO > TO CHICA REV U.F. 2.4CIT	Y-ST-ZIP
TITLE DELETE 3.1 TITLE	E Change Addition
NAME 3.2 NAM	ME
STREET ADDRESS 3.3 STR	REET ADDRESS
STATE OF STATE	Y-ST-ZIP Change Addition
TIME PUEV TUNTH	
NAME ALEY, JUDITAL ALEXANDER 14.2 NAME	
Tomacon Contract of the Contra	KEET ADDRESS
TITLE DELETE 51 TITLE	Y-ST-ZIP Change Addition
TITLE STATE  NAME  511111  S2NAM	
l I	REET ADDRESS
STREET ADDRESS	Y-ST-ZIP
TITLE DELETE 6.1 TITL	E Change Addition
NAME 62 NAM	ME
	REET ADDRESS
· · · · · · · · · · · · · · · · · · ·	Y-ST-ZIP

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 fike empowered.

SIGNATURE: