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FILED

Jan 29 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 # L50344

(5)

1. Corporation Name

WEILER BROTHERS, INC.

Principal Place of Business

7750 FRUITVILLE ROAD
SARASOTA FL 34240-9420
US

Mailing Address

7750 FRUITVILLE ROAD
SARASOTA FL 34240-9255
US



2. Principal Place of Business

21 1405 RACIMO DRIVE
Suite, Apt. #, etc.

2a. Mailing Address

26 1405 RACIMO DRIVE
Suite, Apt. #, etc.

City & State

23 SARASOTA, FL
Zip 34240 Country US

City & State

28 SARASOTA, FL
Zip 34240 Country US

3. Date Incorporated or Qualified
02/15/1990

3a. Date of Last Report
03/07/1996

4. FEI Number

65-0181859

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

SCHOFIELD, P. ALLEN
1428 FLAMINGO BLVD.
SUITE 300
BRADENTON FL 34207

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEILER, SID	
STREET ADDRESS	7750 FRUITVILLE RD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	WEILER, RUTH	
STREET ADDRESS	7750 FRUITVILLE RD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WEILER, RUTH	
STREET ADDRESS	7750 FRUITVILLE RD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WEILER, SID	
1.3 STREET ADDRESS	1405 RACIMO DRIVE	
1.4 CITY-ST-ZIP	SARASOTA, FL 34240	
2.1 TITLE	TREASURER, SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WEILER, RUTH A.	
2.3 STREET ADDRESS	1405 RACIMO DRIVE	
2.4 CITY-ST-ZIP	SARASOTA, FL 34240	
3.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WEILER, RUTH A.	
3.3 STREET ADDRESS	1405 RACIMO DRIVE	
3.4 CITY-ST-ZIP	SARASOTA, FL 34240	
4.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WEILER, RUTH A.	
4.3 STREET ADDRESS	1405 RACIMO DRIVE	
4.4 CITY-ST-ZIP	SARASOTA, FL 34240	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-97 (941) 377-7747

CR2E034 (9/96)