FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
95 MAY -1 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L76463 (3)

1. Corporation Name
WEED SYSTEMS EQUIPMENT, INC.

Principal Place of Business	Mailing Address
% ANTHONY J SALZMAN 500 E UNIV. AVE., STE A-PO DRAWER 2759 GAINESVILLE FL 32602-2759 US	% ANTHONY J SALZMAN 500 E UNIV. AVE., STE A-PO DRAWER 2759 GAINESVILLE FL 32602-2759 US

3. Date Incorporated or Qualified: 05/29/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3025301 ☐ 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) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)
2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

SALZMAN, ANTHONY J.
500 E UNIVERSITY AVE SUITE A
P.O. DRAWER 2759
GAINESVILLE FL 32602-2759

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ Change ☐ Addition
NAME	CURREY, WAYNE L	
STREET ADDRESS	8168 ALDERMAN RD	
CITY-ST-ZIP	MELROSE FL	
TITLE	D	☐ Change ☐ Addition
NAME	CURREY, BRENDA C	
STREET ADDRESS	8168 ALDERMAN RD	
CITY-ST-ZIP	MELROSE FL	
TITLE	D	☐ Change ☐ Addition
NAME	PAULK, ROGER TYSON	
STREET ADDRESS	6412 CR 214 SOUTH	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE	D	☐ Change ☐ Addition
NAME	ALIX, RICHARD H	
STREET ADDRESS	1830 COLONIAL DR	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: Wayne L. Currey Wayne L. Currey 4-23-95 (904)473-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

0034391 CP