

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
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90037 026 ***150.00

DOCUMENT # L76463

1. Corporation Name

WEED SYSTEMS EQUIPMENT, INC.

Principal Place of Business

% ANTHONY J SALZMAN
500 E UNIV. AVE., STE A-PO DRAWER 2759
GAINESVILLE FL 32602-2759
US

Mailing Address

% ANTHONY J SALZMAN
500 E UNIV. AVE., STE A-PO DRAWER 2759
GAINESVILLE FL 32602-2759
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1990

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CURREY, WAYNE L

STREET ADDRESS 8168 ALDERMAN RD

CITY-ST-ZIP MELROSE FL

TITLE D ☐ DELETE

NAME CURREY, BRENDA C

STREET ADDRESS 8168 ALDERMAN RD

CITY-ST-ZIP MELROSE FL

TITLE D ☐ DELETE

NAME PAULK, ROGER TYSON

STREET ADDRESS 6412 CR 214 SOUTH

CITY-ST-ZIP KEYSTONE HEIGHTS FL

TITLE D ☐ DELETE

NAME ALIX, RICHARD H

STREET ADDRESS 1830 COLONIAL DR

CITY-ST-ZIP GREEN COVE SPRINGS FL

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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 like empowered.

SIGNATURE:

Robert J. Salzman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-99 352-473-0404
Date Daytime Phone #

CR2E034 (11/98)

0064002