Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90198 003 ***150.00

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

DOCUMENT # L86249

WEAVER'S PULPWOOD, INC.

		<u></u>		
Principal Place of Business	Mailing Address		t indicate that (Stid beind (1811 dibin 1811 grill)	
6300 CHESTNUT ROAD MOLINO FL 32577 US 6300 CHESTNUT ROAD MOLINO FL 32577 US			DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualifed 07/03/1990	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3019324	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Int	
24 25	293		Personal Property Tax.	☐ Yes 🔀 No
9. Name and Address of C	urrent Registered Agent	81 Name	10. Name and Address of New Registered	Agent
6300 CHESTNUT RD. MOLINO FL 11. Pursuant to the provisions of Sections 607 office or registered agent, or both, in the sagent. I am familiar with, and accept the or	State of Florida. Such change was aut	83 84 City s, the above-named controlled by the corporation	FL poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	85 Zip Code changing its registered ntment as registered
SIGNATURE Signature, typed or printed name of registers	and asset and title of applicable (NOTE, C	Registered Agent signature requin	ad when reinstating) DATE	
	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME WEAVER, ARCHIE L.		1.2 NAME		
STREET ADDRESS 6300 CHESTNUT RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP MOLINO FL		1.4 CITY+ST-ZIP		
TITLE V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME WEAVER, CHERYL A.		2.2 NAME		I
STREET ADDRESS -6300 CHESTNUT RD.	سواحا	2.3 STREET ADDRESS		س
CITY-ST-ZIP MOLINO FL		2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		

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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE 52 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

Change

Change

Change

Addition

Addition

Addition

CR2E034 (11/98)_