FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # M85460

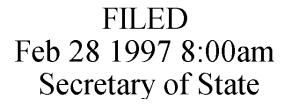
(7)

WEAVER HEATING, AIR CONDITIONING & REFRIGERATION, INC.

Principal Place of Business
410C EAST BELT AVENUE

Mailing Address

PO BOX 1385





BUSHNELL FL		BUSHNELL FL 33513-130	35								
•						3. Date Incorporated or Qualified 3a. Date of La 06/14/1988 03/29/19				•	
· · · · ·	ace of Business	2s. Mailing Address				4. FEI Number				lied For	
21		26				59-2904030			Not	Applicable	
Suite Apt.	14 th to the last of the last	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Ac	lditional uired	
City & State	1	City & State				Election Campaign Financing Trust Fund Contribution		\$5 Ac	.00 N ded to	lay Be Fees	
7ip 24	Country 25	7ip	30 Co.	intry			s liability for intangible tax under s. 199.032,				
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re					
WEA	AVER, EDDIE			81	Name						
410-C EAST BELT AVENUE BUSHNELL FL 33513				82	Street A	ddress (P.O. Box Number is Not Acceptab	le)				
, DOG	HAILEE I E OOOTO			83					·····		
				84	City		FL	85	Zip Co	ode	
11. Pursuant t	to the provisions of Sections 607.05	02 and 607 1508. Florida Stati	ites the a	hove	-named	corporation submits this statement for the n		chang	ing its	registered	
office or re agent. Lar	egistered agent or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 607.0505, F	authorize lorida Sta	d by tutes	the corp	corporation submits this statement for the p oration's board of directors. I hereby accep	t the appo	ointmer	nt as re	egistered	
SIGNATURE .	Stgnature, type-d or printed name of registered ag	ect and life if applicable INC	TE: Registere	d Age	nt sloneture i	equired when reinstating)	DATE				
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		DIREC	TORS	IN 12	
TITLE	DP	DELETE	1.1 T	TLE				Cha		Addition	
NAME	WEAVER, EDDIE		1.2 N	AME							
STREET ADDRESS	410-C EAST BELT AVE.		1.3 \$	REET	ADDRESS						
CHTY - ST - ZIP	BUSHNELL FL		1.4 CITY - ST - 3		T-ZIP					'	
TITLE	ST	DELETE	2.1 TI					☐ Cha	กลูย	Addition	
NAME	WEAVER, JOYCE H.		2.2 NAME								
STREET ADDRESS	410-C EAST BELT AVE.		2.35		ADDRESS						
CHY+SY-ZIP	BUSHNELL FL		2.4 CI		ST-ZIP						
TITLE		DELETE	3.1 TI	TLE				Cha	เกดูย	Addition	
NAME			3.2 N	AME							
STREET ADDRESS			3.3 S	TREET	ADDRESS	•					
CITY - ST - ZIP			3.4. 0	ITY-S	it-ZIP						
TITLE		DELETE	4.1 Ti	FLE				Cha	nge	Addition	
NAMÉ			4. 2 N	IAME	-	•					
STREET ADDRESS			4.3 S	TREET	ADDRESS						
C:1Y - ST - 7IP			4.4 0	TY-S	r- zie						
TITLE		☐ DELETE	5.1 Ti	TLE				Cha	nge	Addition	
NAME			5.2 N	AME							
STREET ADDRESS			5.3 \$	TREET	ADDRESS						
CITY+S1+ZIP			5.4 C	TY-S	I - ZIP						
TITLE		☐ DELETE	6.1 Ti	TLE				Cha	nge	Addition	
NAME			6.2 N	AME							
STREET ADDRESS			6.3 S	MEET.	address						
CITY-S1-ZIP			6.4 C	TY-S	T-ZIP						
14. Ldo hereh	y certify that the information supplie	ed with this filing does not gua				ated in Section 119 07/3\(ii) Florida Statutes	1 fembre	portify	that th	-	

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 natural 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:

CONTURE AND TYPED OR PRINTED NAME O

Seldis Warm

2/25/97 352793-6173