FILED Jul 23, 2004 8:00 am Secretary of State

DOCUMENT # P0300001 1. Entity Name WEAVER-WHITE DESIGN, INC.	2413 [°]		07-23-2004 90002 012 ***150.00
Principal Place of Business 9780 S TROPICAL TRAIL MERRITT ISLAND, FL 32952	Mailing Address 9780 S TROPICAL TRAIL MERRITT ISLAND, FL 32952		5406453
2. Principal Place of Business	3. Mailing Address	lux Ave	
Suite, Apt. #, etc.	Suite. Apt. #, etc.	3	07162004 Chg-P CR2E034 (10/03)
City & State	Indialantic	FL	4. FEI Number Applied For Not Applied For Not Applicable
Zio Country •	32903	ŮSA	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent
~WEAVER, ANITA Î 9780 S TROPICAL TRAIL		Street Address ((P.O. Box Number is Not Acceptable)
MERRITT ISLAND, FL 32952		, ,	
		City	FL Zip Code
the obligations of registered agent.	for the purpose of changing its regist	lered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
Signature Signature, typed or printed manual of registered rig	ent and title il applicable. (NOTE: Regist	tered Agent signature require	of where New Stating) DATE
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Fir Trust Fund Contribution	**	i.00 May Be ded to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AN	ND DIRECTORS 1	1.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME ANITA Weaver STREET ADDRESS 97805. Tropice	N N	TITLE MAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-71P Memit Islan	vd, FL 32952 "	CITY-ST-ZIP	
NAME DONNAWhite STREET ADDRESS 633 FRANKLY	J Avenue	ITTLE NAME STREET ADDRESS	☐ Change ☐ Addition
ITLE INCIDENTIAL	-,1- C S C 10S	CITY-ST-ZIP	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	· Andrew Control of the Control of t
THILE NAME Y STREET ADDRESS CITY-SI-ZIP	☐ Delete ☐ M	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
THRE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY ST ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
indicated on this report or supplemental report of the corporation or the receiver or trustee er changed, or on an attachment with an address SIGNATURE:	rt is true and accurate and that my sign powered to execute this report as re	gnature shall have the quired by Chapter 60	Section 119.07(3)(i). Florida Statutes. I further certify that the information of same logal effect as if made under oath; that I am an officer or director off. Florida Statutes; and that my name appears in Block 10 or Block 11 if 1/19/64 321-725-47444 Date: D

Attachment 540645-39

RICHARD C. CERÖW C.P.A. MICHAEL S. CEROW C.P.A. CEROW AND COMPANY, C.P.A.S, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

TELEPHONE 321-242-2511 FAX 321-255-2813

EMAIL cpacerow@aol.com

CLIFFORD M. CALDERWOOD C.P.A. TONYA L. MANN

1801 SARNO ROAD, SUITE 3 MELBOURNE, FLORIDA 32935

July 16, 2004

Division of Corporations P.O. Box 6198 Tallahassee, FL 32314-6198

RE: Weaver-White Design, Inc.
Document #: P03900012413

To Whom It May Concern:

I am in receipt of your Notice of Intent to Dissolve the above referenced corporation.

Our client has been suffering from very serious health problems and had forgotten to pay the 2004 annual renewal. It wasn't until we did the quarterly accounting that we realized the problem.

We have included the check for \$150 for the renewal of the corporation with the State of Florida and ask that you please abate the penalty of \$400. Thank you for your assistance in this matter.

Very truly yours,

Richard C. Cerow, CPA

Httachment 54064539 Dre. # \$03000012413



FLORIDA DEPARTMENT OF STATE M Secretary of State O Glenda E. Hood DIVISION OF CORPORATIONS P.O. Box 6327 Tallahassee, Florida 32314

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NOTICE OF INTENT TO DISSOLVE

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To receive the form by mail:

- Detach this postcard.
- Enter address to mail report to, if <u>different</u> from preprinted mailing address.
- Affix postage on reverse side and mail.
- Allow 10-14 business days to receive form.

Document # P03000012413 Mail Report to:

WEAVER-WHITE DESIGN, INC.

9780 S TROPICAL TRAIL

MERRITT ISLAND FL 32952-6910

