

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90060 040 ***150.00

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DOCUMENT # P24877

1. Corporation Name
WESGEN, INC.

Principal Place of Business

THE QUADRANGLE
4400 ALAFAYA TRAIL
ORLANDO FL 32826-2399

Mailing Address

THE QUADRANGLE
4400 ALAFAYA TRAIL
ORLANDO FL 32826-2399

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1989

4. FEI Number

25-1563806

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

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 ☐ DELETE

NAME PD
STREET ADDRESS SIMONINI, R.R.
CITY-ST-ZIP 4400 ALAFAYA TRAIL
ORLANDO FL 32826

TITLE ☐ DELETE

NAME VD
STREET ADDRESS COFFMAN, J.M.
CITY-ST-ZIP 4400 ALAFAYA TRAIL
ORLANDO FL

TITLE ☐ DELETE

NAME VD
STREET ADDRESS RUMANCIK, J.A.
CITY-ST-ZIP 4400 ALAFAYA TRAIL
ORLANDO FL

TITLE ☒ DELETE

NAME V
STREET ADDRESS JANSSEN, B.L.
CITY-ST-ZIP 4400 ALAFAYA TRAIL
ORLANDO FL

TITLE ☐ DELETE

NAME T
STREET ADDRESS ZIKE, H.W.
CITY-ST-ZIP 4400 ALAFAYA TRAIL
ORLANDO FL

TITLE ☐ DELETE

NAME S
STREET ADDRESS BROWN, S.M.
CITY-ST-ZIP 4400 ALAFAYA TRAIL
ORLANDO FL

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

V

J. A. Dash
12201 Research Parkway
Orlando, FL 32826

AS

Thomas J. Herder
4400 Alafaya Trail
Orlando, FL 32826

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Herder 1/2/99

Date

407-281-5880

Daytime Phone #

CR2E034 (1/198)