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 # P93000036231

THE WEILER ENGINEERING CORPORATION

Přincipal Place	e of Business	Mailing Address						4 14] 4) 4) 4) 4) 4) 4) 4) 4) 4) 4) 4) 4) 4) 4
1777 TAMIAMI TRAIL P.O. 80X 380874								
SUITE 304 MURDOCK FL 33938-0874						DO NOT WRITE IN	TUIC COACE	
PT. CHARLOTTE FL 33948 US						3. Date Incorporated or Qualifed	THIS SPACE	
US						05/22/1993		.]
2 Principal Pl	lace of Business	2a. Mailing Address	_m			4. FEI Number		oplied For
·	lace of Business	26				65-0413376	<u> </u>	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				_		Additional
22		27				5. Certifcate of Status Desired	Fee R	equired
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28		<u>-</u>	<u> مستحد</u>	Trust Fund Contribution	Added	to Fees
Zip	Country Zip		Country			8. This corporation owes the current ye		
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent		041	Mana	10. Name and Address of New Regis	tered Agent	
WEIL	ED D 1			81	Name			
	.er, r j 7 Tamiami trail			82	Street Address (P.O. Box Number is Not Acceptable)			
	E 304						 	
	CHARLOTTE FL 33948			83		•		
F1. (CHARLOTTE TE 33340			84	City		85 Zip	Code
		00 1007 1000 51 11 01-1	4 45			existing submits this atstament for the purp	FL of the property its	registered
office or re	enistered agent, or both, in the State	rot Florida. Such change was a	authorized	d by th	ne corporatio	pration submits this statement for the purpon's board of directors. I hereby accept the	appointment as re	egistered
agent. I ar	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Stat	utes.				
SIGNATURE								
	Classical formed as printed some of projetored and	ent and title if applicable (NOT)	- Registered	1 Agent 1	signature required	when reinstating) DA	ATE	
	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable. (NOTE ND DIRECTORS	: Registered	i Agent :	signature required	when reinstating) D/ ADDITIONS/CHANGES TO OFFICE		ORS IN 12
12.					signature required			ORS IN 12
12.	OFFICERS AF	ND DIRECTORS	13.	TLE	signature required		RS AND DIRECT	
12.	OFFICERS AI	ND DIRECTORS	13. 1.1 TI 1.2 N	TLE AME	signature required		RS AND DIRECT	
12. TITLE NAME STREET ADDRESS	OFFICERS AT PD WEILER, JEFFREY 175 MANDALAY RD.	ND DIRECTORS	13. 1.1 TI 1.2 N 1.3 S	TLE AME	ADORESS		RS AND DIRECT	
12. TITLE NAME	OFFICERS AT PD WEILER, JEFFREY	ND DIRECTORS	13. 1.1 TI 1.2 N 1.3 S	TLE AME TREET A	ADORESS		RS AND DIRECT	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AT PD WEILER, JEFFREY 175 MANDALAY RD. PUNTA GORDA FL 33950	ND DIRECTORS	13. 1.1 TI 1.2 N 1.3 S 1.4 C	TLE AME TREET A ITY-ST-	ADORESS		RS AND DIRECTO	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD WEILER, JEFFREY 175 MANDALAY RD. PUNTA GORDA FL 33950 S	ND DIRECTORS	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N	TLE AME TREET A ITY-ST- ITLE AME	ADORESS		RS AND DIRECTO	☐ Addition
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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 eceiver 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 any attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

May 03, 1999 8:00 am Secretary of State

05-03-1999 90080 015 ***150.00