

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morison  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 JUL -3 AM 9:16

DOCUMENT # **P93000057270 (9)**

1. Corporation Name

**WILLEKE AIR VAC SYSTEMS, INC.**

SECRET OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

133 ROSEWOOD  
COCOA FL 32926

133 ROSEWOOD  
COCOA FL 32926

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/09/1993**

3a. Date of Last Report  
**05/09/1994**

2. Principal Place of Business

2a. Mailing Address

21 **4935 SHADE TREE**

26 **SAME**

4. FEI Number  
**59-3194674**

Applied For  
 Not Application

22 State, Apt # etc.

27 State, Apt # etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State

28 City & State

**COCOA FL.**

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **32926**

25 **LISA**

29

30

8. This corporation has liability for franchise tax under the Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRESE, GARY B  
930 S HARBOR CITY BLVD  
SUITE 505  
MELBOURNE FL 32901**

81 Name  
**Judy Willeke**

82 Street Address (PO Box Number is Not Acceptable)  
**4935 SHADE TREE**

83

84 **COCOA** **FL** 85 **32926**

11. Pursuant to the provisions of Sections 607 (602) and 607 (506) 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 (506) Florida Statutes.

SIGNATURE

*Judy Willeke*

**6/20/95**

Signature of Registered Agent

Signature of Agent

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 NAME: **WILLEKE, ROBERT SR**  
15 STREET ADDRESS: **133 ROSEWOOD**  
16 CITY, ST, ZIP: **COCOA FL 32926**  
*Eliminate*

17 TITLE: **PRESIDENT**  Change  Addition  
18 NAME: **Judy Willeke**  
19 STREET ADDRESS: **4935 SHADE TREE**  
20 CITY, ST, ZIP: **COCOA FL 32926**

14 NAME: **WILLEKE, ESTHER**  
15 STREET ADDRESS: **133 ROSEWOOD**  
16 CITY, ST, ZIP: **COCOA FL 32926**  
*Eliminate*

21 TITLE: **SECRETARY**  Change  Addition  
22 NAME: **Robert Willeke Jr**  
23 STREET ADDRESS: **4935 SHADE TREE**  
24 CITY, ST, ZIP: **COCOA FL 32926**

14 NAME: \_\_\_\_\_  
15 STREET ADDRESS: \_\_\_\_\_  
16 CITY, ST, ZIP: \_\_\_\_\_

25 TITLE: \_\_\_\_\_  Change  Addition  
26 NAME: \_\_\_\_\_  
27 STREET ADDRESS: \_\_\_\_\_  
28 CITY, ST, ZIP: \_\_\_\_\_

14 NAME: \_\_\_\_\_  
15 STREET ADDRESS: \_\_\_\_\_  
16 CITY, ST, ZIP: \_\_\_\_\_

29 TITLE: \_\_\_\_\_  Change  Addition  
30 NAME: \_\_\_\_\_  
31 STREET ADDRESS: \_\_\_\_\_  
32 CITY, ST, ZIP: \_\_\_\_\_

14 NAME: \_\_\_\_\_  
15 STREET ADDRESS: \_\_\_\_\_  
16 CITY, ST, ZIP: \_\_\_\_\_

33 TITLE: \_\_\_\_\_  Change  Addition  
34 NAME: \_\_\_\_\_  
35 STREET ADDRESS: \_\_\_\_\_  
36 CITY, ST, ZIP: \_\_\_\_\_

14 NAME: \_\_\_\_\_  
15 STREET ADDRESS: \_\_\_\_\_  
16 CITY, ST, ZIP: \_\_\_\_\_

37 TITLE: \_\_\_\_\_  Change  Addition  
38 NAME: \_\_\_\_\_  
39 STREET ADDRESS: \_\_\_\_\_  
40 CITY, ST, ZIP: \_\_\_\_\_

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607 (506) Florida Statutes. I further certify that the information indicated on this annual report or biennial report is true and correct and that my signature shall have the same legal effect as if made under oath. 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 1 or Block 2 of Chapter 607 with an address.

SIGNATURE: *Robert A. Willeke Jr Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDS OFFICER OR DIRECTOR  
*Robert A. Willeke Jr Secretary*

**5-6-95 407-633 7009**