

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

0051548

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90025 043 \*\*\*150.00

DOCUMENT # P94000014257

1. Corporation Name  
WE CAN DO INC.

Principal Place of Business  
RT. 7, BOX 858E  
TALLAHASSEE FL 32308

Mailing Address  
RT. 7, BOX 858E  
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1994

4. FEI Number

59-3226665

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FURJANIC, STELLA N  
RT. 7, BOX 858E  
TALLAHASSEE FL 32308

81 Name Dennis W FURJANIC

82 Street Address (P.O. Box Number is Not Acceptable) -  
1978 TWO HORSE TRAIL

83

84 City Tallahassee FL 85 Zip Code 32308

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 *Dennis W Furjanic*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 3-17-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE  
NAME FURJANIC, DENNIS W  
STREET ADDRESS RT. 7, BOX 858E  
CITY-ST-ZIP TALLAHASSEE FL 32308

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VSD ☒ DELETE  
NAME FURJANIC, STELLA N  
STREET ADDRESS RT. 7, BOX 858E  
CITY-ST-ZIP TALLAHASSEE FL 32308

2.1 TITLE VSD ☐ Change ☒ Addition  
2.2 NAME Scott Gedron  
2.3 STREET ADDRESS 1361 Lawndale Rd  
2.4 CITY-ST-ZIP Tallahassee FL 32311

TITLE VP ☒ DELETE  
NAME ALLEN, RICHARD A  
STREET ADDRESS 2801 REE DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32308

3.1 TITLE VPD ☒ Change ☐ Addition  
3.2 NAME Allen Richard  
3.3 STREET ADDRESS 2801 Ree Drive  
3.4 CITY-ST-ZIP Tall FL 32308

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*Dennis W Furjanic* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Dennis W FURJANIC 318 99 877-3680  
Date Daytime Phone #

CR2E034 (11/98)