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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name P94000023266 (7)

FLORIDA WEATHER, INC.

## FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 20 SEMINOLE ROAD 20 SEMINOLE ROAD ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/28/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3232866 21 1117 BLACH 1117 BEACH BLUD Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing JACKSONVELL 23 Trust Fund Contribution Added to Fees BGACH. JACKSONVEL Country year Intangible This corporation owes or has paid the current 32250 us4 □ No Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DOERR. STEPHEN E 20 SEMINOLE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) ATLANTIC BEACH FL 32233 83 84 City 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 enistered about and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE BOERR, STEPHENE DOERR. STEPHEN E NAME 1.2 NAME CRZEG94 1873 KINGS COURT 1873 KENGS COMAT STREET ADDRESS 1.3 STREET ADDRESS Jacksonville Beach FL 32250 32260 CITY-ST-ZIP 1.4 CITY-ST-ZIP SACKSONVELLE BLACK FL DELETE 2.1 TITLE Change e singleton, charles c NAME 2.2 NAME 1317 8TH STREET NORTH STREET ADDRESS 2.3 STREET ADDRESS 32250 CITY-ST-ZIP 2.4 CITY-ST-ZIP JACKBONVILLE BEACH DELETE Addition TITLE 31 TITLE Change MALIE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP ☐ DELĒTE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 DITY-ST-ZIP CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE Change **6.1 TITLE** NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 eath; 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 chapter 607, and altroducent with an address.

SIGNATURE:

4-20-98

904-249-1290