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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Feb 10 1997 8:00am

Secretary of State

3523758804

DOCUMENT # P9500005000 (1)

WESEMAN DEVELOPMENT, INC.) JERNYANI KIR 1810 I BINI BANK BRINI BANK BANK) (3):8 1 6 1141 88: 111 49: 114 1	} 8) 18 8
Principal Plac 3501 N.W. 39T	Mailing Address 3501 N.W. 39TH AVENUE	I.W. 39TH AVENUE			 		
GAINESVILLE I	FL 32805	Gainesville FL 32805-14	30		3. Date Incorporated or Qualified 3: 01/17/1995	a. Date of Last Rep 04/09/1996	port
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		lied For
21		26		59-1294208	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ad	
City & State		City & State		<u>- </u>	Fee Req		
23	e	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 M	
Zip	Country	· - 	Zip Country		Trust Fund Contribution		
24	25	29	30			s 🔲 No	33.00%
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Registe	ered Agent	
WES	SEMAN, GARY		81	Name			
	1 N.W. 39TH AVENUE		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
GAI	NESVILLE FL 32605		83	 			
			83				
			84	City		FI 85 Zip Co	ode
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligi	2 and 607.1508, Florida Statut of Florida, Such change was a stigus of Section 607.0505, Flor	es, the above authorized borida Statute	le-named corp y the corporal	poration submits this statement for the purpo- tion's board of directors. I hereby accept the		registered egistered
SIGNATURE	are decept the ending	21010 01, BOOKOT 051.00001 1	onea etatote	.			,
	Signature, typed or pented name of registered age			ent signature reque		ATE	
12.	OFFICERS AN	DELETE DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS Change	IN 12 Addition
title Name	WESEMAN, GARY		1.1 TITLE 1.2 NAME			Unange	Adomion (
STREET ADDRESS	3501 N.W. 39TH AVENUE		1.3 STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL 32605		1.4 City -	1			
TITLE		☐ DELFTE	2.1 TITLE			Change	Addition (
NAME			2 2 NAME			,	ì
STREET ADDRESS			2.3 STREE	T ADDRESS		4	-
CITY-ST-ZIP			2.4 CITY -	ST-ZIP			_
TITLE		☐ DELETE	3 1 TITLE			Change	Addition
NAME OTREET ADDRESS			3.2 NAME	L NODOLOG			
STREET ADDRESS			3.3 STREE 3.4 CITY-	ADDRESS CT. 700			-
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	21-711		Change	Addition
NAME		_	4 2 NAME	-			_
STREET ADDRESS			4.3 STREET	I ADDRESS			
CITY-ST-ZIP			4.4 CITY - 1	ST- 21P			1
TITLE		☐ DELETE	5 1 TITLE			Cnange	Addition
NAME			52 NAME)			Ì
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP		T neicit	6.4 C(TY -)	S1 - ZIP		Change	Addition
TITLE		☐ DELETE	6.1 TO LE			Change	Addition
NAME STREET ADDRESS	- (62 NAME	I ADDRESS			}
CITY-ST-ZIP			6.4 CITY - 5				
14. I do herel	by certify that the information supplies	with this filing does not quali	y for the exe	emption stated	d in Section 119.07(3)(i), Florida Statutes. I fu	urther certify that th	0
I am an o		the receiver or trustee empow	ered to exec		I my signature shall have the same legal offert as required by Chapter 607, Florida Statut		