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 # **P95000005000**

1. Corporation Name

WESEMAN DEVELOPMENT, INC.

Principal Place of Business	
3501 N.W. 39TH AVENUE	
GAINESVILLE FL 32605	

Mailing Address

3501 N.W. 39TH AVENUE GAINESVILLE FL 32605

FILED Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90028 040 ***150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed 01/17/1995			
2. Principal Pl	Principal Place of Business 2a. Mailing Address				4. FEI Number		plied For	
21	26				59-1294208		Not Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.				\$		\$8.75 Additional	
22 27				5. Certifcate of Status Desired		Fee Re		
City & State City & State				6. Election Campaign Financing		\$5.00	May Re	
	•	28			Trust Fund Contribution	Added	•	
23 Zip	Country	Zip	Country	'	8. This corporation owes the current year Intangible			
24	25		30		Personal Property Tax. Yes No			
24	9. Name and Address of Currer		*1		10. Name and Address of New Registere	d Agent		
			81	Name				
WES	EMAN, GARY							
	N.W. 39TH AVENUE		82	Street Addr	Address (P.O. Box Number is Not Acceptable)			
GAINESVILLE FL 32605			83					
						<u>- 1</u>	<u> 25 25 55 </u>	
			84	City		85 Zip	Code	
				L		E changing its	registered	
office or r	egistered agent or both in the State	of Florida. Such change was auti	horized by	the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as re	gistered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	la Statutes	i.	,			
SIGNATURE	Coon ! I esome		261	osoma		77		
	Signature, typed or printed name of registered age			nt signature require	d when reinstating) DATE	ND DIRECTO	DC IN 12	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS /	Change	Addition	
TITLE	D	☐ DELETE	1.1 TITLE			C Change	[_] Addition	
NAME	WESEMAN, GARY	•	1.2 NAME					
STREET ADDRESS	3501 N.W. 39TH AVENUE		1.3 STREE	TADDRESS				
CITY-ST-ZIP	GAINESVILLE FL 32605		1.4 CITY-S	T-ZIP				
TITLE		DELETE	2.1 TITLE			Change	☐ Addition	
NAME			2.2 NAME	ļ			•	
STREET ADDRESS			2.3 STREE	TADORESS				
CITY-ST-ZIP		• •	2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS		•	3.3 STREE	T ADDRESS			· · ·	
CITY-ST-ZIP			3.4 CITY	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS				TADORESS				
		•	4.4 CITY-S					
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
			5.2 NAME			_ •	_	
NAME				TADDRESS				
STREET ADDRESS			5.4 CITY-S					
CITY-ST-ZIP		□ DELETE	6.1 TITLE	11-215		Change	. 🗀 Addition	
TITLE	·		62 NAME					
NAME				T 40000ECC				
STREET ADDRESS				TADDRESS				
CITY- ST- 7IP			6.4 CITY-S	T-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.