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

PROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #**

P95000034953 (6)

1. Corporation Name

MICHAEL R. WIEDMANN INDUSTRIES, INC.					
Principal Place	e of Business	Mailing Address		1 100 1705 1 110 10101 0141 0441 0011 00111	
3425 GRA COCOA F	APE ST	3425 GRAPE ST COCOA FL 32926			
				3. Date Incorporated or Qualified 3a. 04/28/1995	Date of Last Report
2. Principal P	Place of Business	2a. Mailing Address 26		4. FEI Number 59-332131	Applied For Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangiling Florida Statutes X Yes \(\sigma\)	lo
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registe	red Agent
			81 Name		
WIEDMANN, MICHAEL R 3425 GRAPE ST				ress (P.O. Box Number is Not Acceptable)	
	OA FL 32926		83		
			84 City		FL 85 Zip Code
	ered agent, or both, in the State of Flo with, and accept the obligations of, Se	orion 607.0505, Florida Statutes	OTE: Registered Agent signature require		A7E
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change: DAddition
TITLE	PD	☐ DELETE	1 1 Title	TWO VIEW	Clouds B was
NAME	WIEDMANN, MICHAEL R		1.2 NAME	JOV.P. James W. Swope 1334 Beck Drive 10004, 71 32927	
STREET ADDRESS	3425 GRAPE ST COCOA FL 32926		1.4 CITY-ST-2IP	1000 31 32927	
CITY-ST-ZIP TITLE	V V	DELETE	2 1 TITLE	<u> </u>	☐ Change ☐ Addition
NAME	WIEDMANN, ANDREW E		2 2 NAME		
STREET ADDRESS	400 00000 DD		2 3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32926		2 4 CITY - ST - ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME	1				
Market			3.2 NAME		
STREET ADDRESS	s		3 3 STREET ADDRESS		
STREET ADDRESS	s	□ nc(EYC	3 3 STREET ADDRESS 3 4 City-St-Zip		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	s	☐ DELETE	3.3 STREET ADORESS 3.4 CITY - ST - ZIP 4.1 TITLE		☐ Change ☐ Addition
STREET ADORES: CITY-ST-ZIP TILLE NAME		☐ DELETE	33 STREEI ADORESS 34 CITY-ST-ZIP 4. 1 TITLE 42 NAME		☐ Change ☐ Addition
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STREET ADDRESS CHY-ST-ZIP THE NAME STHEET ADDRES CHY-ST-ZIP THEF NAME	SS		3 3 STREEI ADDRESS 3 4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREEI ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Chançe ☐ Addition
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I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 logal 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 changed, or on an attachment with an address.

SIGNATURE: