

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000046909 (4)

1. Corporation Name

BRIGGS, WEBER & CO., INC.



Principal Place of Business

Mailing Address

14535 BRUCE B. DOWNS BLVD.  
#2221  
TAMPA FL 33613

14535 BRUCE B. DOWNS BLVD.  
#2221  
TAMPA FL 33613

3. Date Incorporated or Qualified

06/07/1995

3a. Date of Last Report

2. Principal Place of Business

2e. Mailing Address

21 100 W. KENNEDY BLVD.

26 100 W. KENNEDY BLVD.

4. FEI Number

59-3324754

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 SUITE 600

27 SUITE 600

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

23 TAMPA FL

28 TAMPA FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33602

25 US

29 33602

30 US

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBER, MICHAEL R  
14535 BRUCE B. DOWNS BLVD.  
#2221  
TAMPA FL 33613

81 Name

MICHAEL R. WEBER

82 Street Address (P.O. Box Number is Not Acceptable)

100 W. KENNEDY BLVD.

83

SUITE 600

84

City

TAMPA

FL

85 Zip Code

33602

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS BRIGGS, LAURENCE D  
CITY-ST-ZIP 11330 BLOOMINGTON DRIVE  
TAMPA FL 33635-1524

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS WEBER, MICHAEL R  
CITY-ST-ZIP 14535 BRUCE B. DOWNS BLVD. #2221  
TAMPA FL 33613

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE ☐ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE ☐ Change ☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 TITLE ☐ Change ☐ Addition

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

27 TITLE ☐ Change ☐ Addition

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35 TITLE ☐ Change ☐ Addition

36 NAME

37 STREET ADDRESS

38 CITY-ST-ZIP

39 TITLE ☐ Change ☐ Addition

40 NAME

41 STREET ADDRESS

42 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

M R Weber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/96

Date

(812)307-0303

Daytime Phone #

CR2E034 (3/96)