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PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME STREET ADDRESS

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CITY-ST-ZIP

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CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000003670 (2)**

WEIDENHAMER CORPORATION

Principal Place of Business Mailing Address 415 MOUNTAIN DR PO BOX 1786 STE 4 DESTIN FL 32540 **DESTIN FL 32541** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3352881 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WEIDENHAMER, THOMAS E 61 Name 415 MOUNTAIN DRIVE Street Address (P.O. Box Number is Not Acceptable) 62 STE 4 83 **DESTIN FL 32541** 84 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 Stautes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Rogistere Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 32E034 (10/97 DELETE 1.1 TLE TITLE Change Addition WEIDENHAMER. THOMAS E NAME 1.2 NME 415 MOUNTAIN DR STE 4 STREET ADDRESS 1.3 STEET ADDRESS **DESTIN FL** CITY-ST-ZIP 1.4 QY - ST - ZIP DELETE TITLE 21 TLE Change Addition WEIDENHAMER, NANCY L NAME 22 MAE STREET ADDRESS 235 EET ADDRESS CITY-ST-ZIP -ST-ZIP 2.4 DESTAN FL 32541 DELETE TITLE 3.1 NAME STREET ADDRESS FT ADDRESS 3.3 CITY-ST-ZIP - ST - 2(P

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the expition stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate an 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 its 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.

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6.2 IME

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March 1981

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954-930-7 10A

Change

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Jan 28 1998 8:00am

Secretary of State