

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 JUN -5 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000005274 (0)

1. Corporation Name

SUSAN M. WEIGLE, INC.



Principal Place of Business

Mailing Address

2800 SOUTHEAST 40TH STREET
OCALA FL 34480

2800 SOUTHEAST 40TH STREET
OCALA FL 34480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1997

4. FEI Number

59-3424229

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

Brian R. Lockwood Esquire

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

P.O. Box 9085

83

4046 Newberry Road 309 N.E. 1st Street

84 City

Gainesville

FL

85

Zip Code

32606

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

Brian R. Lockwood, RA 6/2/98

Signature. Typed or printed name of registered agent, and date, 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

1.1 TITLE ☐ Change ☐ Addition

NAME WEIGLE, SUSAN M
STREET ADDRESS 2800 SOUTHEAST 40TH STREET
CITY-ST-ZIP Ocala FL 34480

1.2 NAME

300002552723--2

1.3 STREET ADDRESS

-06/08/98--01055--017

1.4 CITY-ST-ZIP

****150.00 ☐ Change ☐ Addition

TITLE ☐ DELETE

2.1 TITLE

NAME WEIGLE, SUSAN M
STREET ADDRESS 2800 SOUTHEAST 40TH STREET
CITY-ST-ZIP Ocala FL 34480

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

NAME WEIGLE, JAMES J JR
STREET ADDRESS 2800 SOUTHEAST 40TH STREET
CITY-ST-ZIP Ocala FL 34480

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☒ DELETE

4.1 TITLE

NAME HEALY, DONNA M
STREET ADDRESS 2800 SOUTHEAST 40TH STREET
CITY-ST-ZIP Ocala FL 34480

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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.

CR2E034 (10/97)