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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000020415 (0)

WEIGMANN & SONS MASONRY, INC.

Principal	Place	of Busir	ies:

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

Mailing Address

DAI MEADE ROAD GENEVA FL 32732

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Zip

941 MEADE ROAD GENEVA FL 32732

2a. Mailing Address

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FILED Apr 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/28/1997 Applied For

-		59-3/3648/ Not Applicab	le	
Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
ered Agent		10. Name and Address of New Registered Agent	_	

9. Name and Address of Current Registered Agent WEIGMANN, JOSEPH R 941 MEADE ROAD GENEVA FL 32732

Country

25

6 1	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	85	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 Statutes.

SIGNATURE Signature, typed or panted name of registered agent and title if applicable (NOTE Registored Agent signature required whon reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition DELETE 1.1 TITLE TITLE WEKGMANN, JOSEPH R NAME 1.2 NAME 941 MEADE ROAD 1.3 STREET ADDRESS STREET ADDRESS **GENEVA FL 32732** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-S1-ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-St-ZIP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 training any legal true and training any legal true and training any legal true. Block 12 or Block 13 if changed, or on an attachment with an address