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FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000035342 (9)

1. Corporation Name
WEVON CORP.

Principal Place of Business

4001 NEWBERRY ROAD
SUITE C-1
GAINESVILLE FL 32607

Mailing Address

4001 NEWBERRY ROAD
SUITE C-1
GAINESVILLE FL 32607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1997

4. FEI Number

59-3442207

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 11635 N.W. 9th Lne.

Suite, Apt. #, etc.

22 City & State Gainesville, FL

23 Zip 32606 Country

24 32606 25

2a. Mailing Address

26 11635 NW 9th Lne

Suite, Apt. #, etc.

27 City & State Gainesville FL

28 Zip 32606 Country

29 32606 30

9. Name and Address of Current Registered Agent

WARD, PETER H
4001 NEWBERRY ROAD
SUITE C-1
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name

CRISTOBAL C. DIAZ

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

11635 NW 9th Lane

83

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

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

(NOTE: Registered Agent signature required when reinstating)

3.12.98

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DIAZ, CRISTOBAL C
STREET ADDRESS 11635 NW 9TH LANE
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D ☐ DELETE

NAME DIAZ, ANA BEATRIZ
STREET ADDRESS 11635 NW 9TH LANE
CITY-ST-ZIP GAINESVILLE FL 32606

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE *[Signature]*

2/12/98 (352) 321-0230

CR2E034 (10/97)