## 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 # P97000100028 (4)

WIDMANN ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

1 lulad

**FILED** 

Jan 22 1998 8:00am

Secretary of State

Principal Place of Business	Mailing Address
907 Webster Street Leesburg Fl 34748	PO BOX 492722 LEESBURG FL 34749-2722

				<ol> <li>Date Incorporated or Qualified</li> <li>11/19/1997</li> </ol>	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 70	OX YH	26 7.0. B . X 9/	<i>T</i>	59-3479386	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State City & State 28 Lessage F		•	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 <b>34-74</b>	Country 25 CAKC		Country LAKE		Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered A	\gent
RUSS, GEORGE H ESQ			81 Name		
907 WEBSTER STREET LEESBURG FL 34748			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City	FI	85 Zip Code
11. Pursuant i office or re agent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida Statutes of Florida. Such change was au ations of, Section 607.0505, Flori	the above-named corp thorized by the corporat da Statutes.	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoint	changing its registered pintment as registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: I	Registered Agent signature requi	red when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	DELETE	11 TITLE		Change Addition
NAME	WIDMANN, DONALD C II		1.2 NAME		
STREET ADDRESS	P.O. BOX 911 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34749		1.4 CITY - ST - ZIP		
TITLE		☐ DELETÉ	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	2. 4 CITY - ST - ZIP	- :	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELET <b>E</b>	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELET <b>E</b>	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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.