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

FILED
Jul 06 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 # P97000104407

1. Corporation Name
Weckwert, Inc.

Principal Place of Business
7238 S. LAKE JOANNA DR
PANAMA CITY, FL 32401

Mailing Address
115 LAKE EAGLE DR
THOMASVILLE, GA
31792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12-11-97

2. Principal Place of Business
21 7238 S. LAKE JOANNA DR
22 Suite, Apt. #, etc.
23 City & State: PANAMA CITY, FL
24 Zip: 32401 25 Country: BAY, U.S.

2a. Mailing Address
26 115 LAKE EAGLE DR
27 Suite, Apt. #, etc.
28 City & State: THOMASVILLE, GA
29 Zip: 31792 30 Country: U.S.

4. FEI Number: 59-3490843 ☐ 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

9. Name and Address of Current Registered Agent
WILLIAM H. BLACKBURN
7238 S. LAKE JOANNA DR.
PANAMA CITY, FL 32401

10. Name and Address of New Registered Agent
81 Name: E. Karl Weckwert
82 Street Address (P.O. Box Number is Not Acceptable): 7238 S. Lake Joanna Dr.
83
84 City: Panama City FL 85 Zip Code: 31792

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: E. Karl Weckwert
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO, CHM. OF BOARD E. KARL WECKWERT 115 LAKE EAGLE DR. THOMASVILLE, GA 31792	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 25 7.6
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 500002580425 -07/06/98--01070--045 ***558.75

CR2E034 (10/97)

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: E. Karl Weckwert