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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000109164

GEORGE A. WOERNER, INC.

Principal Place	e of Business	Mailing Address						
105 W CAMPHO	R AVE	105 W CAPPHOR						
FOLEY AL 36535		FOLEY AL 36535						
US		US			DO NOT W	RITE IN THIS	SPACE	
					3. Date Incorporated or Qualife	ed		
					12/31/1997			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
		. ├─		58-2366971			t Applicable	
	N. McKenzie St.	26 805-A N. MCKe Suite, Apt. #, etc.	nzie	St.	30 200031 1		\$8.75	
Suite, Apt.	#, etc.	<u>⊢</u> '''			5. Certifcate of Status Desired		Fee Re	
22		27						'
City & State	е	City & State		6. Election Campaign Financin	⁹ -	\$5.00	• (
23 Foley	, AL	28 Foley, AL		Trust Fund Contribution		Added t	o Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes the co	urrent year Inf		
36535	5 25 Baldwin	29 36535 3	o Bald	lwin	Personal Property Tax.		☐ Yes	X No
	9. Name and Address of Current		<u> </u>		10. Name and Address of Nev	v Registered	Agent	
			8	Name		•		
KP&L SERVICES, INC.					en E. Scapecchi			
	NORTH ORANGE AVENUE		82		dress (P.O. Box Number is Not Acce	ptable)		
SUITE 600			<u> </u>		el Way			
	= :::		8:	3				Į
UKLA	ANDO FL 32801		84	4 City			85 Zip (-ode
			%		ensacola	FL	85 Zip C 325	33
11 Purguant	to the provisions of Sections 607 0502	2 and 607 1508 Florida Statutes	the above	ve-named co	rporation submits this statement for the	ne purpose of	changing its	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such/change/was aut	horized b	y ne corpora	ation's board of directors. I hereby acc	cept the appoi	ntment as re	gistered
agent. I ai	m familiar with, and accept the obligat	ions of, Section 807.0305, Floric	la Statute	6 .	V_r			
SIGNATURE	Stephen E. Scapeccl	hi Luph	~X£	repell	<i>P</i>	2/15,	<u>/99</u>	
	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R		signature requ	uired when reinstating)	DATE	ID DIDECTO	00.11.40
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO C	DEFICERS AF		
TITLE	PTS	☐ DELETE	1.1 TITLE				∐ Change	. Addition
NAME	WOERNER, GEORGE A		1.2 NAME	:	•			
STREET ADDRESS	15109 COUNTY RD 87		1.3 STRE	ET ADDRESS				
	ELBERTA AL 36530		14 CITY-	ST. 7ID .	e de la companya de la companya de 🚗 🖯			
CITY-ST-ZIP	V			51-211				
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

George A: Woerner SIGNATURE AND TYPED OR PRINTED NAM

334/943-3770