

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90041 017 ***150.00

DOCUMENT # P97000109174

1. Corporation Name
ROGER L. WOERNER, INC.

Principal Place of Business
**105 W CAMPHOR AVENUE
SUITE 606
FOLEY AL 36535
US**

Mailing Address
**105 WEST CAMPHOR AVENUE
SUITE 606
FOLEY AL 36535
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 805-A N. McKenzie St.
Suite, Apt. #, etc.
22
City & State
23 Foley, AL
Zip Country
24 36535 25 Baldwin

2a. Mailing Address
26 805-A N. McKenzie St.
Suite, Apt. #, etc.
27
City & State
28 Foley, AL
Zip Country
29 36535 30 Baldwin

3. Date Incorporated or Qualified
12/31/1997

4. FEI Number
58-2366970 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**KP&L SERVICES, INC.
390 NORTH ORANGE AVENUE
SUITE 600
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name **Roger L. Woerner**
82 Street Address (P.O. Box Number is Not Acceptable)
2700 Lost Ball Drive
83
84 City **Sebring** **FL** 85 Zip Code **33872**

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 **Roger L. Woerner** *Roger L. Woerner* **2/15/99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTS	<input type="checkbox"/> DELETE
NAME	WOERNER	
STREET ADDRESS	26400 WOERNER ROAD	
CITY-ST-ZIP	ELBERTA AL 36530	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PANZL, JOSEPH	
STREET ADDRESS	390 N ORANGE AVENUE, SUITE 600	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Roger L. Woerner	
1.3 STREET ADDRESS	2700 Lost Ball Drive	
1.4 CITY-ST-ZIP	Sebring, FL 33872	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: **Roger L. Woerner** *Roger L. Woerner* **2/15/99** **334/943-3770**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)