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

PROFIT



FLORIDA DEPARTMENT OF STATE

FILED Jun 04, 1999 8:00 am

ANNL	RPORATION JAL REPORT 1999		Katherine Harri Secretary of State DIVISION OF CORPORA			j	Secretary of State 06-04-1999 90006 019 ***150.00		
DOCUMENT # 1. Corporation Name J. A. WEIDNER & ASSOCIATES, INC.						569265~ 90006 - 19 			
Principal Place of Business Blo 01-4th St. No SAME 203-F 5+, PETERSBURG, FL. 33702						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 26-98			
2. Principal Place of Business 2a. Mailing Address 2b. 2a. Mailing Address 2b. 2b. 2b. 2b. 2b. 2b. 2c. 2b. 2c. 2b. 2c. 2b. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c							4. FEI Number Applied For Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					,		5. Certificate of Status Desired Service Servi		
City & State	3	28	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country Zip 25 29 3i				ntry		8. This corporation owes the current year Intangible Personal Property Tax.		
	9. Name and Addres	s of Current Registe	ered Agent		81 Name		10. Name and Address of New Registered Agent		
SAWEID NER (JAMES) H. 82 Street Add 82 Street Add						Addres	ss (P.O. Box Number is Not Acceptable)		
St. PETE . El 22702						85 Zip Code			
84					84 City				
office or re	to the provisions of Secti egistered agent, or both, in familiar with, and acce	in the State of Florida	ı. Such change was au	thorized	by the corpo	corpor oration	ration submits this statement for the purpose of changing its registered 's board of directors. I hereby accept the appointment as registered		
SIGNATURE	0	of an about and title of	and leading (NOTE)	Bogustored 4	Agent signature re	accured to	when reinstating) DATE		
12.	Signature, typed or printed name OF	FICERS AND DIREC	***************************************	13.	-gon signature i	equileu r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT		☐ DELETE	1.1 TIT	.E		Change Addition		
NAME	TRESIDED !	/ ; 	1	1 2 NA	ME				
STREET ADDRESS	WEIDNER,	JAME > Y	1 -	1.3 STF	REET ADDRESS				
CITY-ST-ZIP	157-98+4 A	E1 3370	2_	14 CIT	Y-ST-ZIP				
TITLE	SECRETARU	TRIANSIRED	☐ DELETE	21 TITI	.E		☐ Change ☐ Addition		
NAME	SECRETARY.	PATRICIS	\mathcal{Q}	2.2 NA	ΛE				
STREET ADDRESS	157-9814 A		<i>U-</i>	2 3 STF	REET ADDRESS		~~		
CITY-ST-ZIP	St. PETE, FL	133702		2. 4 CIT	Y-ST-ZIP				
TITLE			DELETE	3.1 TITI	.E)	☐ Change ☐ Addition		
NAME				3.2 NAM	ME				
STREET ADDRESS				3 3 STF	REET ADDRESS				
CITY-ST-ZIP				3.4. CIT	Y-ST-ZIP				
TITLE	 		☐ DELETE	4.1 TITL	.E		☐ Change ☐ Addition		
NAME				4. 2 NA	ME				
STREET ADDRESS				4 3 STF	REET ADDRESS				
CITY-ST-ZIP				4.4 CIT	Y-ST-ZIP				
TITLE		. —	☐ DELETE	5.1 TI∏			☐ Change ☐ Addition		
NAME				5 2 NA					
STREET ADDRESS				5.3 STF	REET ADDRESS				
CITY-ST-ZIP		,		-≀	Y-ST-ZIP				
TITLE			□ DELETE	6.1 TiTl			☐ Change ☐ Addition		
NAME				6 2 NA					
STREET ADDRESS				6.3 STF	REET ADDRESS				
CITY-ST-ZIP				6.4 CIT	Y-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 (Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: