

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

DOCUMENT # P98000047920

1. Corporation Name
W.E. DEW, INC.

Principal Place of Business
16600 NW 128 TERRACE
REDDICK FL 32686

Mailing Address
16600 NW 128 TERRACE
REDDICK FL 32686

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90003 003 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1998

4. FEI Number
59-3513744

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 148 Riverwoods Dr.

2a. Mailing Address

26 P.O. Box 660043

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22 City & State
23 Chuluota, FL

27 City & State
28 Chuluota, FL

24 Zip Country
32766 US

29 Zip Country
32766 US

9. Name and Address of Current Registered Agent

ESTIME, GILBERT
17454 SW 79 CT
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

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 P ☒ DELETE
NAME KRUEGER, ROBERT
STREET ADDRESS 16600 NW 128 TERRACE
CITY-ST-ZIP REDDICK FL 32686

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME John H. Utendorf
1.3 STREET ADDRESS 148 Riverwoods Dr.
1.4 CITY-ST-ZIP Chuluota, FL 32766

2.1 TITLE VP ☐ Change ☒ Addition
2.2 NAME Kenneth D. Bee
2.3 STREET ADDRESS 35 Lind Ave.
2.4 CITY-ST-ZIP Kissimmee, FL 34744

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Secy/Treas.
3.3 STREET ADDRESS Jamie Utendorf
3.4 CITY-ST-ZIP 148 Riverwoods Dr.
Chuluota, FL 32766

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

John H. Utendorf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-99 407-948-3393
Date Daytime Phone #

CR2E034 (11/98)