

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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90022 038 \*\*\*150.00

0510/32

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000068969

1. Corporation Name  
WETZEL BROTHERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 5308 E. IRLO BRONSON MEMORIAL HWY. ST. CLOUD FL 34769  
Mailing Address: 5308 E. IRLO BRONSON MEMORIAL HWY. ST. CLOUD FL 34769

3. Date Incorporated or Qualified  
08/03/1998

2. Principal Place of Business 2a. Mailing Address

4. FEI Number: 59-3529193 Applied For: Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

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

24 34771 25 29 34771 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WETZEL, JOHN P JR.  
5308 E. IRLO BRONSON MEMORIAL HWY.  
ST. CLOUD FL 34769

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL 34771

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] DATE: 4/26/99  
(NOTE: Registered Agent signature required when reinstating)

Table with 2 main sections: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Each section contains fields for Title, Name, Street Address, and City-ST-ZIP, with checkboxes for 'DELETE', 'Change', and 'Addition'.

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: [Signature] DATE: 3/22/99 DAYTIME PHONE #: (407) 731-3841

CR2E034 (11/98)