

DOCUMENT # P99000040175

1. Entity Name

H. C. WISENBURN &amp; SON, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90081 015 \*\*\*150.00

Principal Place of Business

Mailing Address

5914 RIDGE RD.  
PORT RICHEY FL 346685914 RIDGE RD.  
PORT RICHEY FL 34668-6619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-357-2470

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALES, LARRY J  
 2739 U.S. HWY. 19, STE. 223  
 HOLIDAY FL 34691

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **WISENBURN, HAROLD CHARLES**  
 STREET ADDRESS **6448 RIVER RD.**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME **Wisensburn, Harold Charles**  
 STREET ADDRESS **8808 Skymaster Dr.**  
 CITY-ST-ZIP **New Port Richey, FL 34654**

TITLE **D** ☐ Delete  
 NAME **WISENBURN, DIANA**  
 STREET ADDRESS **6448 RIVER RD.**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **Treasurer/Secretary** ☒ Change ☐ Addition  
 NAME **Wisensburn, Diana**  
 STREET ADDRESS **8808 Skymaster Dr.**  
 CITY-ST-ZIP **New Port Richey, FL 34654**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
 NAME **Wisensburn, Charles Harold**  
 STREET ADDRESS **8808 Skymaster Dr.**  
 CITY-ST-ZIP **New Port Richey, FL 34654**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Diana Wisensburn*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DIANA WISENBURN**

2/24/00

Date

727-848-7228

Daytime Phone #

CR2E034 (9/99)