# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S21356 (8)

1. Corporation Name
WEAVER LAND CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| BURNS LAKE RD RTE 1 BOX 558<br>CARYVILLE FL 32427 | BURNS LAKE RD RTE 1 BOX 558<br>CARYVILLE FL 32427 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 12/24/1990 | 3a. Date of Last Report: 04/27/1994 |
| 4. FEI Number: 59-3043971 | ☐ 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 |
| 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 6940 SUGARBUSH DRIVE | 26 6940 SUGARBUSH DRIVE |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: ORLANDO, FL | 28 City & State: ORLANDO, FL |
| 24 Zip: 32819 | 29 Zip: 32819 |
| 25 County: ORANGE | 30 County: ORANGE |

9. Name and Address of Current Registered Agent

RITTER, G. DON ESQUIRE
728 SOUTHEAST FORT KING STREET
OCALA FL 32671

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PTD | 11 TITLE | PTD | ☒ Change ☐ Addition |
| NAME | WEAVER, THEODORE C. | 12 NAME | WEAVER, THEODORE C. | |
| STREET ADDRESS | BURNS LK RD RTE 1 BX 558 | 13 STREET ADDRESS | 6940 SUGARBUSH DRIVE | |
| CITY-ST-ZIP | CARYVILLE FL | 14 CITY-ST-ZIP | ORLANDO, FL 32819 | |
| TITLE | VSD | 21 TITLE | VSD | ☒ Change ☐ Addition |
| NAME | WEAVER, ANNA LEE | 22 NAME | WEAVER, ANNA LEE | |
| STREET ADDRESS | BURNS LK RD RTE 1 BX 558 | 23 STREET ADDRESS | 6940 SUGARBUSH DRIVE | |
| CITY-ST-ZIP | CARYVILLE FL | 24 CITY-ST-ZIP | ORLANDO, FL 32819 | |
| TITLE | | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | 32 NAME | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: THEODORE C WEAVER Theodore C Weaver 4/19/95 (407) 354-2134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410031 FP