

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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S21356 (8)  
1. Corporation Name  
WEAVER LAND CORPORATION

Principal Place of Business  
6940 SUGARBUSH DRIVE  
ORLANDO FL 32819  
US

Mailing Address  
6940 SUGARBUSH DRIVE  
ORLANDO FL 32819  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3220 S.E. 45 <sup>th</sup> Street Suite, Apt. #, etc. 22 City & State 23 Ocala, Florida 24 Zip 34480 25 Country US		2a. Mailing Address 26 3220 S.E. 45 <sup>th</sup> Street Suite, Apt. #, etc. 27 City & State 28 Ocala, Florida 29 Zip 34480 30 Country US		3. Date Incorporated or Qualified 12/24/1990	
				4. FEI Number 59-3043971	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RITTER, G. DON ESQUIRE 728 SOUTHEAST FORT KING STREET OCALA FL 32871		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
		Sammy J. Weaver 2704 S.E. 31 <sup>st</sup> Street Ocala FL 34471	

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 *Sammy J. Weaver* - Sammy J. Weaver President 4-27-98  
Signature typed or printed name of registered agent and title of agent (Note: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD
NAME	WEAVER, THEODORE C.	1.2 NAME	WEAVER, SAMMY J.
STREET ADDRESS	6940 SUGARBUSH DRIVE	1.3 STREET ADDRESS	2704 S.E. 31 <sup>st</sup> STREET
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	OCALA, FL 34471
TITLE	VSD	2.1 TITLE	VSD
NAME	WEAVER, ANNA LEE	2.2 NAME	WEAVER, ANNA LEE
STREET ADDRESS	6940 SUGARBUSH DRIVE	2.3 STREET ADDRESS	3220 S.E. 45 <sup>th</sup> STREET
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	OCALA, FL 34480
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE *Anna Lee Weaver* - Anna Lee Weaver VSD 4/27/98 13521679-1953

CR2E034 (10/97)