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Feb 21, 1999 8:00 am  
Secretary of State

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # S80258

1. Corporation Name

WILLEKE & ASSOCIATES, INC.



Principal Place of Business

2809 W COVINGTON DR  
DELTONA FL 32738  
US

Mailing Address

2809 W COVINGTON DR  
DELTONA FL 32738  
US

2218 Ardon Ave.  
Orlando, FL 32833

2218 Ardon Ave.  
Orlando, FL 32833

2. Principal Place of Business

2218 Ardon Ave

2a. Mailing Address

2218 Ardon Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32833

Country

US

Zip

32833

Country

U.S.

9. Name and Address of Current Registered Agent

WILLEKE, JONATHAN D.  
2809 W COVINGTON DR  
DELTONA FL 32738

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1991

4. FEI Number

59-3097747

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 ☐

10. Name and Address of New Registered Agent

81 Name  
Jonathan D. Willeke

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

2218 Ardon Ave

83

84 City  
Orlando

FL

85 Zip Code

32833

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 Jon D. Willeke - Pres - Jon D. Willeke

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/99

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME WILLEKE, JONATHAN D  
STREET ADDRESS 2809 W COVINGTON DR  
CITY-ST-ZIP DELTONA FL

TITLE VP  
NAME WILLEKE, ANGELA  
STREET ADDRESS 2809 W COVINGTON DR  
CITY-ST-ZIP DELTONA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition  
1.2 NAME Jonathan D. Willeke  
1.3 STREET ADDRESS 2218 Ardon Avenue  
1.4 CITY-ST-ZIP Orlando FL 32833

2.1 TITLE V.P. ☒ Change ☐ Addition  
2.2 NAME Angela J. Willeke  
2.3 STREET ADDRESS 2218 Ardon Avenue  
2.4 CITY-ST-ZIP Orlando FL 32833

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

6.1 TITLE  
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: Jon D. Willeke - Pres - Jon D. Willeke 1/11/99 407-668-5988

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)