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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90033 008 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V68517 1. Corporation Name

WERNER AND WERNER INCORPORATED

Principal Plac	ce of Business	Ma	iling Address						11 616 14 81841	DIBIL 87811 1991
100 SHANGRI-LA BLVD. 11654 LONGLAKE DR.										•
LEESBURG FL 34788			SPARTA MI 49345							
US		US						ITE IN THIS S	PACE	
							3. Date Incorporated or Qualifed	l		
							10/01/1992			
2. Principal P	Place of Business	2a.	Mailing Address				4. FEI Number		A	pplied For
21		26					58-2020373		N	lot Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	Additional
22		27	•				3. Certificate of Status Desired	U	Fee R	Required
City & Stat	te .		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country		Zip	Соц	ntry		8. This corporation owes the cur	rent year Intar	ngible	• .
24	25		30			Personal Property Tax.		Yes	□No	
	9. Name and Address of Curr	ent Regist	tered Agent				10. Name and Address of New	Registered A	gent	
	4 DOG 3	ř.			81	Name				
WER	RNER, ANDREW R									
VER 100 SHANGRI-LA BLVD.			- II.		82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
LEES	SBURG FL 34788				83			- 01-1-24 045-1-41-4 - 01-1-41 045-1-81-4	1 2 3 1 5 3 1	Stall Sigti (SS)
					84	City	र्वे अस्य अस्तिस्य स्थापनार प्रस्ति ।	्राप्तः च्या कर्मा कर्मा करियो	85 Zip	Code.
top totallog :	(A. 30117)	<u> د د سیبی</u>						FL	<u>L. Ļ.</u>	
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the Stat	502 and 60 te of Florid	07.1508, Florida Statu	ites, the al	hv th	named corpo	pration submits this statement for the	purpose of cl	nanging it ment as n	s registered enistered
US agent. La	am familiar with, and accept the oblig	gations of,	Section 607.0505, FI	orida Statu	ites.	io corporation	To bound of directors. Thorsely asset	pt and appoint		-9.5.5.5
SIGNATURE		4.4								
SIGNATURE	Signature, typed or printed name of registered a	gent and title if			Agent s	signature required	when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	gent and title if	CTORS	E: Registered	Agent s	signature required	when reinstating): 7 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	FICERS AND		
	Signature, typed or printed name of registered at OFFICERS A	gent and title if				signature required		FICERS AND	DIRECT	ORS IN 12
12.	Signature, typed or printed name of registered a OFFICERS A	gent and title if	CTORS	13.	ſΕ	signature required	ADDITIONS/CHANGES TO OR	FICERS AND		
12.	OFFICERS A D WERNER, WILLIAM E.	gent and title if	CTORS	13. 1.1 TIT 1.2 NA	YE	DDRESS	ADDITIONS/CHANGES TO OR	FICERS AND		
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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.