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FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 264649 (5)
1. Corporation Name
WITTNER & CO.



Principal Place of Business
C/O TED P WITTNER
5999 CENTRAL AVE STE 400
ST PETERSBURG FL 33710

Mailing Address
P.O. BOX 11629
5999 CENTRAL AVE STE 400
ST PETERSBURG FL 33733
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/19/1962	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1007223	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent WITTNER, TED P 5999 CENTRAL AVE., SUITE 400 ST PETERSBURG FL 33710				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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	✓
NAME	WITTNER, JEAN GILES	1.2 NAME	Martin, Paul M.
STREET ADDRESS	5999 CENTRAL AVE., S-400	1.3 STREET ADDRESS	5999 Central Ave. #400
CITY-ST-ZIP	ST PETERSBURG, FL 00000	1.4 CITY-ST-ZIP	S + Petersburg, FL 33710
TITLE	STV	2.1 TITLE	
NAME	WOODARD, KATHRYN A	2.2 NAME	
STREET ADDRESS	5999 CENTRAL AVE., S-400	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	
NAME	WITTNER, TED P	3.2 NAME	
STREET ADDRESS	5999 CENTRAL AVE., S-400	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	FRASER, JOHN	4.2 NAME	
STREET ADDRESS	5999 CENTRAL AVE., S-400	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	ROBINSON, JOHN	5.2 NAME	
STREET ADDRESS	5999 CENTRAL AVE #400	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	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: _____ 4/24/98 (812) 384-3002

CP2E034 (10/97)