

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 28 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **838649** (2)
1. Corporation Name
THE ELI WITT COMPANY

Principal Place of Business	Mailing Address
8305 S E 58TH AVE OCALA FL 34480 US	P O BOX 3700 OCALA FL 34478 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/23/1977	3a. Date of Last Report 05/01/1994
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4. FEI Number 59-1743575	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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. Suite, Apt. #, etc.	26. Post Office Box 3700
22. City & State	27. Suite, Apt. #, etc.
23. City & State	28. Ocala, Florida
24. Zip	29. 34478
Country	Country
25. Country	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. City
	85. Zip Code FL

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 registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUGUSTINE, THEODORE F.	1.2 NAME	Kulik, Daniel R.
STREET ADDRESS	3829 COCONUT PALM DR.	1.3 STREET ADDRESS	3829 Coconut Palm Drive
CITY - ST - ZIP	TAMPA, FL 0	1.4 CITY - ST - ZIP	Tampa, Florida 33619
TITLE	ASD	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLLEN, A. ROSS	2.2 NAME	Bane, Ronald L.
STREET ADDRESS	% 3829 COCONUT PALM DR	2.3 STREET ADDRESS	3829 Coconut Palm Drive
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	Tampa, Florida 33619
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JAY M.	3.2 NAME	
STREET ADDRESS	% 3829 COCONUT PALM DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOYLAND, FREDERICK C.	4.2 NAME	
STREET ADDRESS	3829 COCONUT PALM DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE	VST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEGLER, G. MICHAEL	5.2 NAME	
STREET ADDRESS	8305 S E 58TH AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULLMAN, EDGAR JR	6.2 NAME	
STREET ADDRESS	3829 COCONUT PALM DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	6.4 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 110.07(3)(k), 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: G. Michael Riegler 4/24/95 (904) 347-0900
Sec/Treas