

DOCUMENT # P99000026008

1. Entity Name

WT & F. INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

01-24-2000 90025 005 ***150.00

Principal Place of Business

Mailing Address

955 PRESCOTT BOULEVARD
DELTONA FL 32738955 PRESCOTT BOULEVARD
DELTONA FL 32738-7001

2. Principal Place of Business

3. Mailing Address

1825 BENNETT DRIVE

1825 BENNETT DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 173

SUITE 173

City & State

City & State

LONGWOOD FL

LONGWOOD FL

Zip

Country

Zip

Country

32750

SEMIWOLE

32750

SEMIWOLE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOMLINSON, WINSTON M.
 955 PRESCOTT BOULEVARD
 DELTONA FL 32738

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PRESIDENT
 WINSTON M TOMLINSON SR
 955 PRESCOTT BLVD
 DELTONA FL 32738

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VICE-PRESIDENT
 WINSTON TOMLINSON JR
 955 PRESCOTT BLVD
 DELTONA FL 32738

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

SECRETARY
 HUMA TOMLINSON
 955 PRESCOTT BLVD DELTONA FL
 32738

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TREASURER
 MARSHA TOMLINSON
 955 PRESCOTT BLVD
 DELTONA FL 32738

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25034 (9/99)