

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **264649** (5)

1. Corporation Name
WITTNER & CO.

FILED
Apr 17 1997 8:00am
Secretary of State



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 33733-1629
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

**WITTNER, TED P
5999 CENTRAL AVE., SUITE 400
ST PETERSBURG FL 33710**

3. Date Incorporated or Qualified
11/19/1962

3a. Date of Last Report
03/25/1996

4. FEI Number
59-1007223

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **WITTNER, JEAN GILES**
STREET ADDRESS **5999 CENTRAL AVE., S-400**
CITY-ST-ZIP **ST PETERSBURG, FL 00000**

TITLE **STV** ☐ DELETE
NAME **WOODARD, KATHRYN A**
STREET ADDRESS **5999 CENTRAL AVE., S-400**
CITY-ST-ZIP **ST PETERSBURG, FL 00000**

TITLE **CD** ☐ DELETE
NAME **WITTNER, TED P**
STREET ADDRESS **5999 CENTRAL AVE., S-400**
CITY-ST-ZIP **ST PETERSBURG, FL 00000**

TITLE **V** ☐ DELETE
NAME **FRASER, JOHN**
STREET ADDRESS **5999 CENTRAL AVE., S-400**
CITY-ST-ZIP **ST PETERSBURG, FL 00000**

TITLE **V** ☐ DELETE
NAME **ROBINSON, JOHN**
STREET ADDRESS **5999 CENTRAL AVE #400**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: **Kathryn A. Woodard**
Kathryn A. Woodard

3/27/97

Date

(813) 384-3000

Daytime Phone #

0379648

CR2E034 (9/96)