

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 390289 (7)
1. Corporation Name
W.T. INC.



Principal Place of Business
39 WEST PINE ST
ORLANDO FL 32801

Mailing Address
39 WEST PINE ST
ORLANDO FL 32801

3. Date Incorporated or Qualified
10/26/1971

3a. Date of Last Report
01/17/1995

4. FEI Number
59-1364563

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

TRICKEL JR, WILLIAM
39 WEST PINE ST
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
RICHARD A. LEIGH

82 Street Address (P.O. Box Number is Not Acceptable)
TRICKEL, LEIGH & MANN, P.A.

83 City
39 WEST PINE STREET

84 City
ORLANDO

85 State
FL

86 Zip
32801

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 607.0905, 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 | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
|-------|---------------------|---------------------|-----------------|-------------------------------------|
| PDT | TRICKEL JR, WILLIAM | 39 W PINE ST | ORLANDO FL | <input checked="" type="checkbox"/> |
| D | TRICKEL, KENT G. | 39 WEST PINE STREET | ORLANDO FL | <input type="checkbox"/> |
| VPSD | SCOTT, LESLIE T. | 39 WEST PINE STREET | ORLANDO FL | <input type="checkbox"/> |
| D | ALLEN, CYNTHIA T. | 39 WEST PINE STREET | ORLANDO FL | <input type="checkbox"/> |
| D | TRICKEL, WILLIAM M | 39 WEST PINE STREET | ORLANDO FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change | Addition |
|-----------|----------|--------------------|---------------------|-------------------------------------|-------------------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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06/04/96 01092-000
***225.00

VPSD
KENT H. TRICKEL
39 WEST PINE STREET
ORLANDO, FL 32801

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CP2E034 (12/95)