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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mailing Address

1907 CALUMET STREET

2a. Mailing Address

Suite, Apt. #, etc.

26

CLEARWATER FL 34625-1108

DOCUMENT # F60540

W.C.D., INCORPORATED

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

1907 CALUMET STREET CLEARWATER FL 34625-1108

21

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90091 019 ***150.00



	DO NOT WRITE IN THÍS SPACE
3.	Date Incorporated or Qualifed 12/30/1981

Applied For

\$8.75 Additional

Fee Required

Not Applicable

4. FEI Number

NOT APPLICABLE

5. Certifcate of Status Desired

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City & State	е	28	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ad to Fees		
Zip 24 337 4	Country 25	29 Z	33765	Countr	ry		This corporation owes the cur Personal Property Tax.	rent year Inta	ngible □ Yes	□No		
24 00 10	9. Name and Address of Curren			1			10. Name and Address of New	Registered A	gent			
	3. Hallie alle Fladices S. Caller.			81	1 1	Name						
JOHNSON, BILL 1907 CASLUMENT ST CLEARWATER FL 34625							The state of the s	al-la\				
						82 Street Address (P.O. Box Number is Not Acceptable)						
						83						
•						City		FL	85 Z	Lip Code		
office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State or familiar with, and accept the obligated signature, typed or printed name of registered agent	of Florida. tions of, S	ection 607.0505, Flor	ithorized by rida Statute	y thi	e corporatio	oration submits this statement for the in's board of directors. I hereby acce	purpose of opt the appoin	changing itment as	its registered s registered		
12.	OFFICERS AN			13.	, , , , ,		ADDITIONS/CHANGES TO OF	FICERS AN	D DIREC	CTORS IN 12		
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6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR