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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA
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DOCUMENT # F74796

1. Corporation Name
WT & T ENTERPRISES, INC.

Principal Place of Business	Mailing Address
TALLAHASSEE, FL (410 OFFICE PLAZA DR) TALLAHASSEE, FL 32301	P.O. BOX 13633 TALLAHASSEE, FL 32317

3. Date Incorporated or Qualified: APRIL 2, 1982
3a. Date of Last Report: APRIL 18, 1995

2. Principal Place of Business
21 410 OFFICE PLAZA DRIVE
Suite, Apt. #, etc.
22
City & State
23 TALLAHASSEE, FL
Zip 24 32301 Country 25 USA

2a. Mailing Address
26 P.O. BOX 13633
Suite, Apt. #, etc.
27
City & State
28 TALLAHASSEE, FL
Zip 29 32317 Country 30 USA

4. FEI Number: 59-2182024 ☐ 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

9. Name and Address of Current Registered Agent
THELMA GAUPIN, PRESIDENT
RT. 2 BOX 4391
CRAWFORDVILLE, FL 32327

10. Name and Address of New Registered Agent
81 Name: JAMES M. RUDNICK
82 Street Address (P.O. Box Number is Not Acceptable): 410 OFFICE PLAZA DRIVE
83
84 City: TALLAHASSEE FL 85 Zip Code: 32301

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] 3/19/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT , DIRECTOR THELMA GAUPIN RT 2 BOX 4391 CRAWFORDVILLE, FL 32327	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRES, V-P, SEC, TREAS, DIR JAMES M. RUDNICK 410 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY, TREASURER,DIR WILLIAM T. GAUPIN RT 2 BOX 4391 CRAWFORDVILLE, FL 32327	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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] 3/19/96 (904)671-1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES M. RUDNICK

SA 3/19/96