

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 # **G54102** (0)

1. Corporation Name

W/T HOLDING CO., INC.



Principal Place of Business

2100 45TH STREET, SUITE A-2C
WEST PALM BEACH FL 33407

Mailing Address

2100 45TH STREET, SUITE A-2C
WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified

08/12/1983

3a. Date of Last Report

01/06/1995

2. Principal Place of Business

21 400 EXECUTIVE CENTER

Suite, Apt. #, etc.

22 103

City & State

23 West Palm Beach FL

Zip

24 33401

Country

25 Palm Beach

2a. Mailing Address

26 400 EXECUTIVE CENTER

Suite, Apt. #, etc.

27 103

City & State

28 West Palm Beach FL

Zip

29 33401

Country

30 Palm Beach

4. FEI Number

59-2119386

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

DAVIS, WILLIE
2100 45TH ST., #A-2C
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name

WILLIE DAVIS

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

400 EXECUTIVE CENTER DR #103

83

84

City West Palm Beach

FL

85

Zip Code 33401

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
HOLLAND, PATRICIA
STREET ADDRESS 5600 N. DIXIE HWY #307
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME TS
DAVIS, TRINETTE
STREET ADDRESS 5600 N. DIXIE HWY #307
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ 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 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

CR2E034 (12/95)