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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 17 PM 3:27

DOCUMENT # G66985

(4)

1. Corporation Name

WITOCO VENTURE CORPORATION

Principal Place of Business

C/O J. THOMAS TOUCHTON
ONE TAMPA CITY CTR. STE 3405
TAMPA FL 33602
US

Mailing Address

C/O J. THOMAS TOUCHTON
ONE TAMPA CITY CENTER, STE 3405
TAMPA FL 33602
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/28/1983

3a. Date of Last Report

03/25/1994

4. FEI Number

59-2354934

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees 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.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOUCHTON, J. THOMAS
ONE TAMPA CITY CTR, STE 3405
~~SUITE 0250~~
TAMPA FL 33602

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, 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 the provisions of Sections 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resubmitting)

DATE

[Signature]

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

WALKUP, MICHAEL H.

ONE TAMPA CITY CTR, STE 3405

TAMPA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

D

DELETE

Trieschmann, Ralph M., Jr.

One Tampa City Center, Suite 3405

Tampa, FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

STD

DURFEE, JACQUELINE D.

ONE TAMPA CITY CTR, STE 3405

TAMPA FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

TOUCHTON, LAVINIA W

ONE TAMPA CITY CTR, STE 3405

TAMPA, FL 00000

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CD

TOUCHTON, J. THOMAS

ONE TAMPA CITY CTR, STE 3405

TAMPA FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

TOUCHTON, JOHN T JR.

ONE TAMPA CITY CTR, STE 3405

TAMPA FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

TRIESCHMANN, LAVINIA W.

ONE TAMPA CITY CTR, STE 3405

TAMPA FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Touchton, Lavinia H.

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 110.07(3)(b), 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 affidavit.

SIGNATURE:

[Signature]
J. Thomas Touchton, Chairman

2/14/95

813 228 7904