

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**TOUCHTON, J. THOMAS
ONE TAMPA CITY CTR, STE 3405
SUITE 3250
TAMPA FL 33602**

3. Date Incorporated or Qualified

10/28/1983

3a. Date of Last Report

02/17/1995

4. FET Number

59-2354934

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. The corporation has liability for intangible tax under s. 199.032
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

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

83 **DELETE SUITE 3250**

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(3), 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 607.15(3), Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent, or the person who is the registered office, or both, in the State of Florida.

Date

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **WALKUP, MICHAEL H.**
STREET ADDRESS **ONE TAMPA CITY CTR, STE 3405**
CITY-STATE-ZIP **TAMPA FL**

TITLE **STD** ☐ DELETE
NAME **DURFEE, JACQUELINE D.**
STREET ADDRESS **ONE TAMPA CITY CTR, STE 3405**
CITY-STATE-ZIP **TAMPA FL**

TITLE **VD** ☐ DELETE
NAME **TOUCHTON, LAVINIA W**
STREET ADDRESS **ONE TAMPA CITY CTR, STE 3405**
CITY-STATE-ZIP **TAMPA, FL 00000**

TITLE **CD** ☐ DELETE
NAME **TOUCHTON, J. THOMAS**
STREET ADDRESS **ONE TAMPA CITY CTR, STE 3405**
CITY-STATE-ZIP **TAMPA FL**

TITLE **D** ☒ DELETE
NAME **TOUCHTON, JOHN T JR.**
STREET ADDRESS **ONE TAMPA CITY CTR, STE 3405**
CITY-STATE-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **TOUCHTON, LAVINIA H.**
STREET ADDRESS **ONE TAMPA CITY CTR, STE 3405**
CITY-STATE-ZIP **TAMPA FL**

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Addition

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 or Block 14 or on an attachment with an address.

SIGNATURE:

J. Thomas Touchton
J. Thomas Touchton, Chairman

April 8, 1996 813 2287904

CR2E034 (12/95)