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Feb 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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 33602-5818  
US

3. Date Incorporated or Qualified

10/28/1983

3a. Date of Last Report

04/12/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOUCHTON, J THOMAS  
ONE TAMPA CITY CTR.  
SUITE 3405  
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, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME WALKUP, MICHAEL H.  
STREET ADDRESS ONE TAMPA CITY CTR, STE 3405  
CITY- ST- ZIP TAMPA FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE STD  
NAME DURFEE, JACQUELINE D.  
STREET ADDRESS ONE TAMPA CITY CTR, STE 3405  
CITY- ST- ZIP TAMPA FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE VD  
NAME TOUCHTON, LAVINIA W  
STREET ADDRESS ONE TAMPA CITY CTR, STE 3405  
CITY- ST- ZIP TAMPA, FL 00000

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE CD  
NAME TOUCHTON, J. THOMAS  
STREET ADDRESS ONE TAMPA CITY CTR, STE 3405  
CITY- ST- ZIP TAMPA FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE D  
NAME TOUCHTON, LAVINIA H.  
STREET ADDRESS ONE TAMPA CITY CTR, STE 3405  
CITY- ST- ZIP TAMPA FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE:

*J Thomas Touchton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 18, 1997 813 228 7904

CR2E034 (9/96)