

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90010 038 ***150.00

0384093

DOCUMENT # **G66985**

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

4. FEI 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. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

☒ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE PD
1.2 NAME Touchton, John T., Jr.
1.3 STREET ADDRESS One Tampa City Center, Ste 3405
1.4 CITY-ST-ZIP Tampa, Florida 33602

☐ Change

☒ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

J. Thomas Touchton
J. Thomas Touchton, Chairman

February 10, 1999

813 228 7904

Date

Daytime Phone #

CR2E034 (11/98)