|                                      | NOW: FIL                                     | ING FEE AF                                            | TER MAY                                   | 1 IS                                                                                      | \$225              | 5.00                          |                                                                                       |                      |                                |                                      |
|--------------------------------------|----------------------------------------------|-------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------|--------------------|-------------------------------|---------------------------------------------------------------------------------------|----------------------|--------------------------------|--------------------------------------|
| CORPORATION ANNUAL REPORT 1996       |                                              |                                                       | S                                         | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |                    |                               |                                                                                       |                      |                                |                                      |
|                                      |                                              | 007040                                                | · · · · · · · · · · · · · · · · · · ·     |                                                                                           | 1FORAT             | ··                            |                                                                                       |                      |                                |                                      |
| 1. Corporation                       |                                              | G67348                                                | 5                                         | (4)                                                                                       |                    |                               |                                                                                       |                      |                                |                                      |
| W.T.                                 | ENTERPRISES                                  | , INC.                                                |                                           |                                                                                           |                    |                               | 1 1881111 18818 18114 1888 18114                                                      | AFAUE HAN BEL        | ili <b>dibir Albir d</b>       | 11 <b>8</b> 11 8189 81810 188        |
| Principal Place of                   | of Business                                  |                                                       | Mailing Address                           |                                                                                           |                    |                               |                                                                                       |                      |                                |                                      |
| C/O WILLIS<br>4794-C WO<br>TALLAHASS | G/O WILLIS L<br>4794-C WOOD<br>TALLAHASSEE   | LANE CIRC                                             | CLE                                       |                                                                                           |                    |                               |                                                                                       |                      |                                |                                      |
|                                      |                                              |                                                       |                                           |                                                                                           |                    |                               | 3. Date Incorporated or Qualified 11/03/1983                                          | 3a. Da               | te of Last F<br>' <b>04/26</b> | •                                    |
| 2. Principal Plac                    | e of Business                                | 2                                                     | ta. Mailing Addres                        | s                                                                                         |                    |                               | 4. FEI Number 59-2416086                                                              | 1                    |                                | Applied For                          |
| Suite, Apt. #,                       | etc                                          | 27                                                    | Suite, Apt. #, e                          | tc.                                                                                       |                    |                               | 5. Certificate of Status Desired                                                      |                      | \$8.75                         | Not Applicable  Additional  Required |
| Oity & State                         |                                              | 28                                                    | City & State                              |                                                                                           |                    |                               | Election Campaign Financing     Trust Fund Contribution                               |                      | \$5.0                          | May Be                               |
| Ζφ<br><b>24</b>                      | 25                                           | intry 29                                              |                                           | 30                                                                                        | Countr             | У                             | 8. This corporation has liability for Florida Statutes Ye                             | rintangible<br>s ∭No |                                |                                      |
|                                      | 9, Name and Ad                               | dress of Current Rec                                  | rstered Agent                             |                                                                                           | 81                 | I Name                        | 10. Name and Address of New                                                           | Registere            | d Agent                        |                                      |
| 4794-C                               | , Willis L.<br>Woodlane CH<br>Hassee FL 3230 |                                                       |                                           |                                                                                           | 82                 |                               | ress (P.O. Box Number is Not Accepta                                                  | ble}                 |                                |                                      |
| 4.                                   |                                              |                                                       |                                           |                                                                                           | 84                 | ,                             |                                                                                       | FI                   |                                | p Code                               |
| 11. Pursuant to<br>or registered     | the provisions of Sadagent, or both, in      | ections 607.0502 and the State of Floridal St         | 807.1508, Florida \$<br>ich change was au | Statutes, the<br>thorized by                                                              | e above<br>the con | named corps<br>poration's boa | ration submits this statement for the pu<br>ard of directors. I hereby accept the app | rpose of o           | hanging its i<br>as registered | registered office<br>Lagent. Lam     |
| SIGNATURE                            |                                              |                                                       |                                           | autes.                                                                                    |                    |                               |                                                                                       |                      |                                |                                      |
| 12.                                  | griature ityped or partied n                 | OFFICERS AND DIR                                      |                                           | (for 11), they                                                                            |                    | a Computation reques          | ed where registating                                                                  | sTAI]                |                                |                                      |
| TITLE                                |                                              | OFFICERS AND DIR                                      | DÉLETE                                    |                                                                                           | 13.                |                               | ADDITIONS/CHANGES 10 OF                                                               | FICERS AN            |                                |                                      |
| NAME                                 | TATRO, WILE                                  | US L.                                                 |                                           |                                                                                           | 1.2 NAME           |                               |                                                                                       |                      | ☐ Change                       | Addition                             |
| STREET ADDRESS                       |                                              | DLANE CIRCLE                                          |                                           |                                                                                           |                    | 1 ADDRESS                     |                                                                                       |                      |                                |                                      |
| CHY-ST-ZIP                           |                                              | EE, FL 00000                                          |                                           |                                                                                           | 1.4 CiTy -         |                               |                                                                                       |                      |                                |                                      |
| TITLE                                |                                              | = <del>==1.2                                   </del> | DELETE                                    |                                                                                           | 2 1 1/1/16         |                               |                                                                                       |                      | Change                         | Addition                             |
| NAME                                 |                                              |                                                       |                                           | 1                                                                                         | 2 2 NAME           |                               |                                                                                       |                      |                                |                                      |
| STREET ADDRESS                       |                                              |                                                       |                                           |                                                                                           | 2.3 STREE          | I ADDRESS                     |                                                                                       |                      |                                |                                      |
| CITY - ST - ZIP                      |                                              |                                                       |                                           |                                                                                           | 2.4 City -         | 915 - 18                      |                                                                                       |                      |                                |                                      |
| TITLE                                |                                              |                                                       | DELETE                                    |                                                                                           | 3 1 TIFLE          |                               |                                                                                       |                      | Change                         | ☐ Addition                           |
| NAME                                 |                                              |                                                       |                                           | i                                                                                         | 3 2 NAME           |                               |                                                                                       |                      |                                |                                      |
| STREET ADDRESS                       |                                              |                                                       |                                           |                                                                                           | 33 STHEE           | T ADDRESS                     |                                                                                       |                      |                                |                                      |
| CITY - S1 - ZIP                      |                                              |                                                       |                                           |                                                                                           | 3 4 CITY -         |                               |                                                                                       |                      |                                |                                      |
| TITLE                                |                                              |                                                       | DELETE                                    |                                                                                           | 4 1 TITLE          |                               |                                                                                       |                      | Change                         | Addition                             |
| NAME                                 |                                              |                                                       |                                           |                                                                                           | 4.2 NAME           |                               |                                                                                       |                      |                                |                                      |
| STREET ADDRESS                       |                                              |                                                       |                                           |                                                                                           |                    | 1 ADDRESS                     |                                                                                       |                      |                                |                                      |
| CITY - S <sup>7</sup> - ZIP          |                                              |                                                       | FT AFLES                                  |                                                                                           | 4.4 CHY :          | SI - ZIP                      |                                                                                       |                      |                                | ···· <u>-</u>                        |
| TITLE                                |                                              |                                                       | ☐ DELETE                                  |                                                                                           | 5 1 THEF           |                               |                                                                                       |                      | ☐ Change                       | Addition                             |
| NAME<br>OTIMES ADDRESS               |                                              |                                                       |                                           | 1                                                                                         | 5.2 NAME           |                               |                                                                                       |                      |                                |                                      |
| STREET ADDRESS                       |                                              |                                                       |                                           |                                                                                           |                    | LADDRESS                      |                                                                                       |                      |                                |                                      |
| CITY - ST - ZIP                      |                                              |                                                       |                                           |                                                                                           | 5 4 CITY - 1       |                               |                                                                                       |                      |                                |                                      |
| Tille                                |                                              |                                                       | □ DELETE                                  |                                                                                           | 6 1 THEF           |                               |                                                                                       |                      | ☐ Change                       | Add-tion                             |
| NAME                                 |                                              |                                                       |                                           | ŀ                                                                                         | 6.2 NAME           |                               |                                                                                       |                      |                                |                                      |
| STREET ADDRESS                       |                                              |                                                       |                                           |                                                                                           | 6.3 STREE          | F ADDRESS                     |                                                                                       |                      |                                |                                      |

63 STREET AUDIES

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 armus' 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 true 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:

SIGNATURE

Daytine Phase P

Daytine Phase P