

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

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 MAR -9 PM 4:01

DOCUMENT # **G82661** (1)
1. Corporation Name
WENTCO, INC.

Principal Place of Business Mailing Address
3861 EDWARDS STREET **3861 EDWARDS STREET**
FT. MYERS FL 33905 **FT. MYERS FL 33916**
US

DO NOT WRITE IN THIS SPACE.
3. Date Incorporated or Qualified **02/01/1984** 3a. Date of Last Report **02/21/1994**

2. Principal Place of Business 2a. Mailing Address
21 **3861 Edwards St** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
City & State 27
23 **Fort Myers, FL** 28
Zip Country 29
24 **33916** 25 **US** 30

4. FEI Number **59-2391390** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing True 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

9. Name and Address of Current Registered Agent
BROWN, FLETCHER
124 NORTH BREVARD AVENUE
P.O. BOX 349
ARCADIA FL 33821

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EARLE, RONNIE J.
STREET ADDRESS	168 CORAL DRIVE
CITY-ST-ZIP	FT. MYERS FL
TITLE	V
NAME	THOMAS, ROBERT C.
STREET ADDRESS	6 SEVILLA AVE
CITY-ST-ZIP	ARCADIA FL
TITLE	VD
NAME	NOBLES, GERALD
STREET ADDRESS	144 FLORIDA STREET
CITY-ST-ZIP	FORT OGDEN FL
TITLE	S
NAME	PEKAREK, CATHERINE J
STREET ADDRESS	2112 SW 2ND ST
CITY-ST-ZIP	CAPE CORAL FL
TITLE	T
NAME	CARR, DEBRA L.
STREET ADDRESS	1311 S.E. 21ST TERR.
CITY-ST-ZIP	CAPE CORAL FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 if changed, or in an attachment with an address.

SIGNATURE: *Debra L Carr* **Debra L. Carr** **02/03/95** **694-2700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)