

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

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G82661** (1)

1. Corporation Name:
WENTCO, INC.

Principal Place of Business 3861 EDWARDS ST P.O. BOX 05-0489 FORT MYERS FL 33916 US	Mailing Address 3861 EDWARDS STREET FT. MYERS FL 33916-3713 US
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3. Date Incorporated or Qualified 02/01/1984	3a. Date of Last Report 02/20/1996
4. FEI Number 59-2391390	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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	85 Zip Code
	FL

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARLE, RONNIE J.	1.2 NAME	EARLE, RONNIE J.
STREET ADDRESS	168 CORAL DRIVE	1.3 STREET ADDRESS	4950 CEDAR HAMMOCK COURT
CITY - ST - ZIP	FT. MYERS FL	1.4 CITY - ST - ZIP	FORT MYERS, FL
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, ROBERT C.	2.2 NAME	MC DUFFIE, RICHARD H.
STREET ADDRESS	6 SEVILLA AVE	2.3 STREET ADDRESS	608 NUNA AVENUE
CITY - ST - ZIP	ARCADIA FL	2.4 CITY - ST - ZIP	FORT MYERS, FL
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOBLES, GERALD	3.2 NAME	RUSSO, PHILIP A.
STREET ADDRESS	144 FLORIDA STREET	3.3 STREET ADDRESS	1380 PINE STREET
CITY - ST - ZIP	FORT OGDEN FL	3.4 CITY - ST - ZIP	NAPLES, FL
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEKAREK, CATHERINE J	4.2 NAME	
STREET ADDRESS	2112 SW 2ND ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	4.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, DEBRA L.	5.2 NAME	
STREET ADDRESS	1311 S.E. 21ST TERR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELISLE, DANIEL L	6.2 NAME	
STREET ADDRESS	107 S MAPLE AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	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: *Sandra B. Mortham* 02/19/97 (941) 694-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)