

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

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90021 027 \*\*\*158.75

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # G82661**

1. Corporation Name  
**WENTCO, INC.**



Principal Place of Business Mailing Address  
**3861 EDWARDS ST 3861 EDWARDS STREET**  
**P.O. BOX 05-0489 FT. MYERS FL 33916**  
**US US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/01/1984**

4. FEI Number Applied For  
**59-2391390** 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

21 Suite, Apt. #, etc. 26 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  
**WALDRON, EUGENE E J**  
**124 N BREVARD AVE**  
**P.O. BOX 349**  
**ARCADIA FL 34266**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EARLE, RONNIE J.	1.2 NAME	CAMPBELL, SCOTT T.
STREET ADDRESS	4950 CEDAR HAMMOCK COURT	1.3 STREET ADDRESS	715 N. RICHMOND AVE
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	LEHIGH ACRES, FL
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input 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 checked="" type="checkbox"/> Change <input 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	2412 SW 2ND ST 3918 SW 15TH AVENUE	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 checked="" 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 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: Debra L. Carr DEBRA L. CARR Date: 02/19/99 Daytime Phone #: 941-694-2700

CR2E034 (1/198)