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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # |

H64817

(0)

W. T. H., INC.

FILED Feb 03 1998 8:00am Secretary of State

| Principal Place of Business | Mailing / | Address | | | I HORIGHT OHE BILL BIDGE HEAD HAR HAD | i Albit Bibit Bibit Bibit Albit bibit ibbr |
|--|-------------------------------------|--------------------------------|---|--|--|---|
| 1201 E. BAY DRIVE | 1201 F | 1201 E. BAY DRIVE | | | | |
| LARGO FL 34641 LARGO FL 34641 | | | | | | |
| | | | | | DO NOT WRITE | IN THIS SPACE |
| | | | | | 3. Date Incorporated or Qualified | |
| Delegion Diseased Designation | a. Moitie | ng Address | | | 06/25/1985 4. FEI Number | Applied For |
| 2. Principal Place of Business | — <u> </u> | ig Address | | | ** | Not Applicable |
| Suite, Apt. #, etc. | 26 Suite | , Apt. #, etc. | | | 59-2551836 | 60.75 |
| 22 | 27 | , r.p., 4, 010. | | | Certificate of Status Desired | Fee Required |
| City & State | | 3 State | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | 28 | | | | Trust Fund Contribution | Added to Fees |
| Zip Country | Zip | T | Coun | try | 8. This corporation owes or has paid | d the current year Intangible |
| 24 25 | 29 | Ţ | 30 | | Personal Property Tax due June 3 | |
| g. Name and Address o | of Current Registered | Agent | | | 10. Name and Address of New Reg | elstered Agent |
| HANCOCK, WILLIAM T. | | | | 1 Name | | |
| 1201 EAST BAY DRIVE | | | | 2 Street A | ddress (P.O. Box Number is Not Acceptabl | le) |
| LARGO FL 34641 | | | | | | |
| | | | [8 | 3 | | |
| | | | 5 | 4 City | | 85 Zip Code |
| | | | | 1 1 | | FL ` |
| 11. Pursuant to the provisions of Sections office or registered agent, or both, in agent. I am familiar with, and accept t | the State of Florida, Sui | ch change was a | uthorized | by the corpo | orporation submits this statement for the purification's board of directors. I hereby accept | urpose of changing its registered t the appointment as registered |
| SIGNATURE | | | | | | |
| Control of the second of the s | gistured agent and title if applica | | | | | |
| | | | | Agent signature re | quired when reinstating) | DATE FIRE AND DIDECTORS IN 12 |
| 12. OFFIC | ERS AND DIRECTORS | 3 | 13. | | quired when reinstating) ADDITIONS/CHANGES TO OFFICE | ERS AND DIRECTORS IN 12 |
| 12. OFFICE | CERS AND DIRECTORS | | 13. 1.1 TITL | - | | |
| 12. OFFICE TITLE PD NAME HANCOCK, WILLIAM | CERS AND DIRECTORS | 3 | 13. 1.1 TITL 1.2 NAM | E E | | ERS AND DIRECTORS IN 12 |
| 12. OFFICE TITLE PD HANCOCK, WILLIAM STREET ADDRESS 1201 E. BAY DR. | CERS AND DIRECTORS | 3 | 13. 1.1 TITL 1.2 NAM 1.3 STR | E ET ADDRESS | | ERS AND DIRECTORS IN 12 |
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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 logal 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 or all attachment was an address.

5 Carl (127/04 012-584-808