

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90085 024 ***158.75

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DOCUMENT # K92729

1. Corporation Name
WI-CO, INC.

Principal Place of Business

C/O JOHN H. WILLIAMS JR.
413 NORTH VENTURI AVENUE
CRYSTAL RIVER FL 34429
US

Mailing Address

C/O JOHN H. WILLIAMS JR.
413 NORTH VENTURI AVENUE
CRYSTAL RIVER FL 3429
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1989

4. FEI Number

59-2951407

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

21

Suite, Apt. #, etc.

660 N. CITRUS AVE

City & State

CRYSTAL RIVER FL

Zip

34428

Country

US

2a. Mailing Address

26

Suite, Apt. #, etc.

P.O. Box 381

City & State

CRYSTAL RIVER FL

Zip

34423

Country

US

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

660 N. CITRUS AVE

83

84 City

CRYSTAL RIVER

85

Zip Code

34428

9. Name and Address of Current Registered Agent

WILLIAMS, JOHN H. JR.
413 NORTH VENTURI AVENUE
CRYSTAL RIVER FL 34429

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WILLIAMS, JOHN H. JR.
STREET ADDRESS 413 N. VENTURI AVENUE
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE V ☐ DELETE

NAME WILLIAMS, DINAH
STREET ADDRESS 413 N. VENTURI AVE.
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE V ☐ DELETE

NAME WILLIAMS, LOUIS J.
STREET ADDRESS 1101 ROLLING WOODS LANE
CITY-ST-ZIP LAKELAND FL

TITLE ST ☐ DELETE

NAME WILLIAMS, JOHN H. JR.
STREET ADDRESS 413 N. VENTURI AVENUE
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 660 N. CITRUS AVE
1.4 CITY-ST-ZIP CRYSTAL RIVER FL 34428

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 660 N. CITRUS AVE
2.4 CITY-ST-ZIP CRYSTAL RIVER FL 34428

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 660 N. CITRUS AVE
4.4 CITY-ST-ZIP CRYSTAL RIVER FL 34428

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

John H. Williams, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99
Date

352-795-3212
Daytime Phone #

CR2E034 (11/98)