

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L49736** (6)

1. Corporation Name

WITTMANN & BALL INVESTMENTS, INC.



Principal Place of Business

Mailing Address

% STEPHAN J. WITTMANN
2010 59TH STREET, WEST #4100
BRADENTON FL 34209

% STEPHAN J. WITTMANN
2010 59TH STREET, WEST #4100
BRADENTON FL 34209

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/14/1990

3a. Date of Last Report

04/11/1995

4. FEI Number

65-0172026

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

WITTMANN, STEPHAN J.
2010 59TH ST. WEST
BRADENTON, FL 34209

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WITTMANN, STEPHAN J.	
STREET ADDRESS	2010 59TH ST., W. #4100	
CITY-STATE-ZIP	BRADENTON FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BALL, CLAYTON G.	
STREET ADDRESS	2010 59TH ST. W. 4100	
CITY-STATE-ZIP	BRADENTON FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	YESKETT, JAMES R.	
STREET ADDRESS	2010 59TH ST., W. 4100	
CITY-STATE-ZIP	BRADENTON FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	JENKINS, RICHARD A.	
STREET ADDRESS	2010 59TH ST., W. 4100	
CITY-STATE-ZIP	BRADENTON FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LEVELLE, J. PATRICK	
STREET ADDRESS	2010 59TH ST. W. 4100	
CITY-STATE-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 119.07(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 on an attachment with an address.

SIGNATURE:

J. Patrick Levelle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Patrick Levelle 4/8/96 (941) 492-2251

Date: Day & Phone #

CR2E034 (12/95)