FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # **L50794** **(1)**

1. Corporation Name
WPTC, INC.

Principal Place of Business
% CAROLE P. WOODROOF
6570 CHULA VISTA
PENSACOLA FL 32504

Mailing Address
% CAROLE P. WOODROOF
6570 CHULA VISTA
PENSACOLA FL 32504-7856

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 County 30

3. Date Incorporated or Qualified: **02/12/1990**
3a. Date of Last Report: **04/16/1996**
4. FEI Number: **59-2991905** Applied For / 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 has liability for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
WODROOF, CAROLE P.
6570 CHULA VISTA
PENSACOLA FL 32504

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 Section 607.0505 and 607.0505, Florida Statutes, the above named corporation submits this statement for the purpose of maintaining a registered office or registered agent or both in the State of Florida. This statement was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature of a Director, Officer or Agent — Typed or Printed Name of Signer — DATE

12. OFFICERS AND DIRECTORS

TITLE	D [ ] DELETE
NAME	WOODROOF, OLEN C., JR.
STREET ADDRESS	6570 CHULA VISTA
CITY ST ZIP	PENSACOLA FL
TITLE	D [ ] DELETE
NAME	WOODROOF, CAROLE P.
STREET ADDRESS	6570 CHULA VISTA
CITY ST ZIP	PENSACOLA FL
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY ST ZIP	
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

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	[ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 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 the annual report or reinstatement form, including any changes, is accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or is added as an officer or director with an address.

SIGNATURE: [signature] 904

CR2EC84 (9/96)