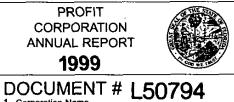
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90115 040 ***150.00

1. Corporation Name

WPTC, I	NC.						
Principal Plac	e of Business	Mailing Address		·····	ם מסום ופנט ומפי פוסטי ומספ ומום מפוסטופטו ז	1811 BIBN 81811 BI	8)(3)2)) 183)
% CAROLE P. WOODROOF 6570 CHULA VISTA 6570 CHULA VISTA PENSACOLA FL 32504 PENSACOLA FL 32504					DO NOT WRITE IN THIS	SPACE_	
					3. Date Incorporated or Qualifed 02/12/1990		
Principal Place of Business 2a. Mailing Address					4. FEI Number	App	lied For
21 26					59-2991905	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
22					5. Obtained of classes bearing	Fee Red	quired
City & State City & State					6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Countr	y	8. This corporation owes the current year Int		
24	25		30		Personal Property Tax.		_]No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
wor	DROOF, CAROLE P.		81	Name			
6570 CHULA VISTA			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
PEN	SACOLA FL 32504		83	B			
			84	City	FL	85 Zip C	ode
SIGNATURE	Signature, typed or printed name of registered ager		Registered Age	ent signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	——————————————————————————————————————
12.	D OFFICERS AN	ID DIRECTORS DELETE	1.1 TITLE		ADDITIONS/CHANGES TO CITICENS A	☐ Change	Addition
TITLE	WOODROOF, OLEN C., JR.	C) percit	1.2 NAME	ļ			<u> </u>
NAME	ACTO CHURA MOTA			ET ADDRESS			
STREET ADDRESS	PENSACOLA FL		1.4 CITY-				
CITY-ST-ZIP	D	☐ DELETE	2.1 TITLE	31-21		Change	Addition
NAME	WOODROOF, CAROLE P.	_ =	2.2 NAME			_	
STREET ADDRESS	ACTO OLUMA LOOTA			T ADDRESS			
CITY-ST-ZIP	DENIGROOM & EL		2.4 CITY-				1
TITLE			3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ET ADDRESS			ţ
CITY-ST-ZIP	1		3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE 4.1		~		Change	☐ Addition
NAME			4. 2 NAME	:			
STREET ADDRESS			4.3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME	ì			ļ
STREET ADDRESS			1	T ADDRESS			Ì
CITY-ST-ZIP		parts - Table	5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	i		6.3 STREE	T ADDRESS			
			6.4 CITY-	l l			l

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 of the corporation of 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 of the corporation of the receiver or trustee empowered.

SIGNATURE: