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FILED
May 14 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # L71109

1. Corporation Name:
WHITTON TECHNOLOGY, INC.

Principal Place of Business:
**3283 S.W. 42ND AVE.
PALM CITY, FL 34990**

Mailing Address

3. Date Incorporated or Qualified: **5/90**
3a. Date of Last Report: **3/96**

4. FEI Number: **65-0189900**
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**

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Country

29. Country

9. Name and Address of Current Registered Agent

**BRIAN O'CONNOR
1180 S.W. CATALINA AVE.
PALM CITY, FL 34990**

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 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:

(Type or typed print name of registered agent, and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PRESIDENT** ☐ DELETE

1.1 TITLE: ☐ Change ☐ Addition

NAME: **BRIAN O'CONNOR**
STREET ADDRESS: **1180 S.W. CATALINA AVE.**
CITY-STATE-ZIP: **PALM CITY, FL 34990**

1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-STATE-ZIP:

TITLE: **VICE PRESIDENT** ☐ DELETE

2.1 TITLE: ☐ Change ☐ Addition

NAME: **GARY FORD**
STREET ADDRESS: **NORTHWAY TRADING ESTATES**
CITY-STATE-ZIP: **TEWKESBURY, ENGLAND, GL20 8JH**

2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-STATE-ZIP:

TITLE: **VICE PRESIDENT** ☐ DELETE

3.1 TITLE: ☐ Change ☐ Addition

NAME: **IAN SMITH**
STREET ADDRESS: **NORTHWAY TRADING ESTATES**
CITY-STATE-ZIP: **TEWKESBURY, ENGLAND, GL20 8JH**

3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-STATE-ZIP:

TITLE: ☐ DELETE

4.1 TITLE: ☐ Change ☐ Addition

NAME: ☐ DELETE

4.2 NAME:

STREET ADDRESS: ☐ DELETE

4.3 STREET ADDRESS:

CITY-STATE-ZIP: ☐ DELETE

4.4 CITY-STATE-ZIP:

TITLE: ☐ DELETE

5.1 TITLE: ☐ Change ☐ Addition

NAME: ☐ DELETE

5.2 NAME:

STREET ADDRESS: ☐ DELETE

5.3 STREET ADDRESS:

CITY-STATE-ZIP: ☐ DELETE

5.4 CITY-STATE-ZIP:

TITLE: ☐ DELETE

6.1 TITLE:

NAME: ☐ DELETE

6.2 NAME:

STREET ADDRESS: ☐ DELETE

6.3 STREET ADDRESS:

CITY-STATE-ZIP: ☐ DELETE

6.4 CITY-STATE-ZIP:

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*****165.00**

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 is contained 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:

Brian O'Connor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97
Date

Daytime Phone #

CR2E034 (9/96)