SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **M87782** **(2)**

1. Corporation Name
WITT'S BUSINESS INFORMATION, INC.

Principal Place of Business
2760 N. ORANGE BLOSSOM TRAIL
%JOHN LESTER WITT, JR. 34744
US

Mailing Address
2760 N. ORANGE BLOSSOM TRAIL
%JOHN LESTER WITT, JR. 34744
US

3. Date Incorporated or Qualified: **06/24/1988**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 1008 N. Hoagland Blvd
Suite, Apt #, etc 22
City & State 23 Kissimmee Fl
Zip 24 34741 Country 25

2a. Mailing Address
26 1008 N. Hoagland Blvd
Suite, Apt #, etc 27
City & State 28 Kissimmee Fl 34741
Zip 29 Country 30

4. FEI Number: **59-2896639** 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
WITT, JOHN LESTER, JR
2760 N. ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1008 N. Hoagland Blvd
83
84 City Kissimmee FL 85 Zip Code 34741

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	PD	☐ DELETE
NAME	WITT, JOHN LESTER JR	
STREET ADDRESS	2760 N. ORANGE BLSM TR	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	STD	☐ DELETE
NAME	WITT, MARY HUSBAND	
STREET ADDRESS	2760 N. ORANGE BLSM TR	
CITY-ST-ZIP	KISSIMMEE 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

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1008 N. Hoagland Blvd	
1.4 CITY-ST-ZIP	Kissimmee Fl 34741	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1008 N. Hoagland Blvd	
2.4 CITY-ST-ZIP	Kissimmee Fl 34741	
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		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	700001879117	
5.3 STREET ADDRESS	-06/28/96--01038--035	
5.4 CITY-ST-ZIP	***225.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	06-27-96 OR	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John L. Witt Jr 6/17/96 (407) 933 0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)