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

2. Principal Place of Business	2a. Mailing Address
21 1008 N. Hoagland Blvd	26 1008 N. Hoagland Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Kissimmee FL	City & State 28 Kissimmee FL 34741
Zip 24 34741 Country 25	Zip 29 Country 30

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	WITT, JOHN LESTER JR		1.2 NAME	
STREET ADDRESS	2760 N. ORANGE BLSM TR		1.3 STREET ADDRESS	1008 N. Hoagland Blvd
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP	Kissimmee FL 34741
TITLE	STD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	WITT, MARY HUSBAND		2.2 NAME	
STREET ADDRESS	2760 N. ORANGE BLSM TR		2.3 STREET ADDRESS	1008 N. Hoagland Blvd
CITY-ST-ZIP	KISSIMMEE FL		2.4 CITY-ST-ZIP	Kissimmee FL 34741
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	700001879117
STREET ADDRESS			5.3 STREET ADDRESS	-06/28/96--01038--035
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***225.00
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	06-27-96 OK

CR2E034 (3/96)

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 Sr 6/11/96 (407) 933-0604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #