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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT:	#	P29	7	95
1. Corporation Name			•	-

THE WITTEMANN COMPANY, INC.

Principal Place	e of Business	Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2 COMMERCE PALM COAST F US		4606 E. 67TH STREET SUITE 100 TULSA OK 74136 US			DO NOT WRITE IN T	HIS SPACE	
					06/18/1990 4. FEI Number		plied For
	Place of Business	2a. Mailing Address					ot Applicable
Suite, Apt.	# 010	26 Suite, Apt. #, etc.			62-1432357		Additional
22 Suite, Apr.	#, etc.	27			5. Certificate of Status Desired		ecuired
City & S at	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip Zip	Country 25	Zip 30	Country	/	This corporation owes the current year Personal Property Tax.	r∃ntangible ☐ Yes	[]No
	9. Name and Address of Curre				10. Name and Address of New Register	red Agent	
			81	Name			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET		82	Street Add	dress (P.O. Box Number is Not Acceptable)			
SUN	TE 105		83				
TALL	LAHASSEE FL 32301		84	City			Code
)	ï	~ <u>L</u>	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	e o Florida. Such change was autr	iorizea dy	tne corporat	poration submits this statement for the purpos tion's board of cirectors. I hereby accept the a	a of changing its oppintment as re	s registered egistered
SIGNATURE		(NOT) D	- ararad Ana	ant signature regul	red when reinstating) DATE		
12.	Signature, typed or printed name of registered as	AND DIRECTORS	13.	in signature requ	ADDITIC NS/CHANGES TO OFFICERS	ND DIRECTO	DFS IN 12
TITLE	VD	☐ DELETE	1,1 TITLE	$\overline{}$		☐ Change	☐ Addition
NAME	HERRMANN, RUDOLF J.		1.2 NAME				
STREET ADDRESS	****		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	TULSA OK		1.4 CITY-5	ST-ZIP			
TITLE	V	DELETE	21 TITLE			Change	☐ Addition
NAME	SUESSER, ALFRED	•	2.2 NAME	Ì			Ì
STREET ADDRESS			2.3 STREE	ET ADDRESS			
CITY-ST-ZIP	NEW YORK NY	□ DELETE	2. 4 CITY-	ST-ZIP		Change	Addition
TITLE	STD	U DELETE	3.1 TITLE			onlinge	
NAME	ARMSTRONG, LOREN R.		3.2 NAME				
STREET ADDRESS	1		33 STREE	ET ADDRESS			
CITY-ST-ZIP	TULSA OK		4.1 TITLE	SI-ZIP		Change	Addition
TITLE	S Kuhbach, Robert	○ prr=/r	4. 2 NAME	. 1			
NAME STREET ADORES S		w		T ADDRESS			
CITY-ST-ZIP	NEW YORK NY	. **	4.4 CITY-1				
TITLE	PC	DELETE	5.1 TITLE			Change	Addition
NAME	GEIGER, WILLIAM E		52 NAME				

14. Thereby 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, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

63 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

2 COMMERCE BLVD.

PALM COAST FL

Daytime Phone #

☐ Change

☐ Addition