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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POOCOO 10817

1. Corporation W. L. T.	PROPERTIES, INC.	010017				
Principal Plac	e of Business	Mailing Address			1 (501;50) 110 10110 11011 00111 00111 00111	(2) (191) 2012 (1812) (181) (180) (180)
11115 SAIL POINT LANE JAX FL 32225 US 11115 SAIL POINT LN JACKSONVILLE FL 32225 US					DO NOT WRITE IN TH	IIS SPACE
03		00			Date Incorporated or Qualifed 12/10/1992	
2. Principal P	lace of Business	2a. Mailing Addre	ss		4. FEI Number	Applied For
21		26			59-3162880	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & Stat	te ,	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip		ountry	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No
24	25	29	30		10. Name and Address of New Registers	
	9. Name and Address of Current	Kedizte en viteur		81 Name	10. Hamo and plantage of them the great	
TRANTHAM, WILLIAM L JR. 11115 SAIL POINT LN #2101				82 Street Address (P.O. Box Number is Not Acceptable)		
***	FL 32225			84 City		85 Zip Code
11. Pursuant office or ragent. I a					poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered pointment as registered
	Signature, typed or printed name of registered agent		_ 	ed Agent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	OFFICERS ANI	D DIRECTORS	13 ETE 11	TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	P TOANTHAM WILLIAM I ID		1			_ , _
NAME	TRANTHAM, WILLIAM L JR.			NAME		
STREET ADDRESS				STREET ADORESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225			CITY-ST-ZIP		Change Addition
TITLE				TITLE		
NAME				NAME		
STREET ADDRESS	The second second second			STREET ADDRESS	<u> </u>	· .
CITY-ST-ZIP		DE		CITY-ST-ZIP	<u> </u>	☐ Change ☐ Addition
TITLE						
NAME			•	NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP		DE		CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		L., UE		NAME		
NAME						
STREET ADDRESS	1			STREET ADDRESS		
C/TY-ST-Z/P				CITY-ST-ZIP TITLE		Change Addition
TITLE	1	ے ب	4	NAME		
NAME				STREET ADORESS		
STREET ADDRESS	ή ,			1		
CITY-ST-ZIP TITLE				CITY-ST-ZIP TITLE		Change Addition

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 frue 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 of fruster 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 affactories with an address, with all after like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP