

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 12 1997 8:00am  
Secretary of State

DOCUMENT # P93000072937 (4)

1. Corporation Name  
THE WIT GROUP, INC.

Principal Place of Business  
1101 GULF BREEZE PARKWAY  
SUITE 121  
GULF BREEZE FL 32561  
US

Mailing Address  
P.O. BOX 477  
GULF BREEZE FL 32562-0477



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/15/1993		01/23/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-3198247		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
				X			
				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		X Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HUDSON, BYRON M II  
11 EMORY DR  
PENSACOLA FL 32506

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	
NAME	HUDSON, BYRON M. II	1.2 NAME	
STREET ADDRESS	11 EMORY DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	
NAME	WOLFE, STEVEN R.	2.2 NAME	
STREET ADDRESS	709 JAMESTOWN DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GULF BREEZE FL	2.4 CITY - ST - ZIP	
TITLE	SO	3.1 TITLE	
NAME	PAINTER, GORDON K.	3.2 NAME	
STREET ADDRESS	132 N. GAY ST., #211	3.3 STREET ADDRESS	
CITY - ST - ZIP	AUBURN AL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	THAEMERT, RON L	4.2 NAME	
STREET ADDRESS	3637 NCR 27E	4.3 STREET ADDRESS	
CITY - ST - ZIP	BELLVUE CO 80512	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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, changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 4/27/97 DAYTIME PHONE: (904) 332-2500

CR2E034 (9/96)