

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90054 033 \*\*\*158.75

DOCUMENT # P93000072937

1. Corporation Name  
THE WIT GROUP, INC.

Principal Place of Business  
1101 GULF BREEZE PARKWAY  
STE 114  
GULF BREEZE FL 32561  
US

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/15/1993

4. FEI Number  
59-3198247

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 113N. Palafox Street

Suite, Apt. #, etc.

22 City & State

23 Pensacola

24 Zip 32501 Country 25 US

2a. Mailing Address

26 P.O. Box 12982

Suite, Apt. #, etc.

27

City & State

28 Pensacola

29 Zip 32591-2982 Country 30 US

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.

3/19/99

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PO	HUDSON, BYRON M. II	11 EMORY DRIVE	PENSACOLA FL	<input type="checkbox"/>
TD	HUDSON, JOHN M	9500 N LOOP RD	PENSACOLA FL	<input type="checkbox"/>
SO	PAINTER, GORDON K.	132 N. GAY ST., #211	AUBURN AL	<input type="checkbox"/>
D	RATCLIFF, ROBERT	1228 REDWOOD LN	GULF BREEZE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 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.

SIGNATURE:

SIGNATURE REQUIRED

3/19/99 (850) 433-3339

Date

Daytime Phone #

CR2E034 (11/98)