

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 # P94000072951 (4)

1. Corporation Name

WIDOCK PARTNERS, INC.



Principal Place of Business

Mailing Address

150 E PALMETTO PARK ROAD
SUITE 380
BOCA RATON FL 33432

150 E PALMETTO PARK ROAD
SUITE 380
BOCA RATON FL 33432

3. Date Incorporated or Qualified
10/05/1994

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 Suite 705
23 City & State

26 Suite, Apt. #, etc.
27 Suite 705
28 City & State

24 Zip
25 Country

29 Zip
30 Country

4. FCI Number
65-0536227

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. 193.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAGG, K. LAWRENCE
200 S BISCAYNE BOULEVARD
SUITE 4900
MIAMI FL 33131

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

Signature of Registered Agent and Office of Registered Agent (if applicable)

(NOTE: Registered Agent signature required after renewal filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	DONAHUE, VINCENT P	
STREET ADDRESS	150 E PALMETTO PARK ROAD SUITE 750	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	DELETE
NAME	WILSON, RODERICK T	
STREET ADDRESS	150 E. PALMETTO PARK ROUTE SUITE 750	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	DELETE
NAME	MCCRACKEN, RICHARD P	
STREET ADDRESS	150 E PALMETTO PARK ROUD SUITE 750	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	150 E PALMETTO PARK ROAD Suite 705
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	150 E PALMETTO PARK ROAD Suite 705
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	150 E PALMETTO PARK ROAD Suite 705
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 included 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 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Roderick T. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/96

(407) 362-0406

Display File #

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