

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000029548 (1)

1. Corporation Name

D.W.T. INC.



Principal Place of Business

8515 CLAONIA AVE  
TAMPA FL 33614

Mailing Address

8515 CLAONIA AVE  
TAMPA FL 33614

3. Date Incorporated or Qualified

04/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 9710 N. ARMENIA AVE

26 9710 N. ARMENIA AVE

4. FEI Number  
59-3305738

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite A

27 Suite A

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 Tampa FL

28 Tampa FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33612

25 Hillsborough

29 33612

30 Hillsborough

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes. Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELKES, DEBRA G  
8515 CLAONIA AVE  
TAMPA FL 33614

81 Name

MCBRIDE, TERESA

82 Street Address (P.O. Box Number is Not Acceptable)

8901 N. LOCUST AVE.

83

84

City Tampa

FL

85

Zip Code 33604

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

Teresa McBride PRES.

4/11/96

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ELKES, DEBRA G	
STREET ADDRESS	8515 CLAONIA AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, WANDA	
STREET ADDRESS	6705 N 15TH STREET	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MCBRIDE, TERESA	
STREET ADDRESS	8901 N LOCUST	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	MCBRIDE, TERESA	
3. STREET ADDRESS	8901 N. LOCUST AVE	
4. CITY-ST-ZIP	TAMPA FL 33604	
5. TITLE	VSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	EVORS, EDWARD J.	
7. STREET ADDRESS	9710 N. ARMENIA SUITE A	
8. CITY-ST-ZIP	TAMPA FL 33612	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. 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 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.

SIGNATURE:

Teresa McBride

TERESA MCBRIDE

4/11/96

(813) 932-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)