

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90082 020 ***150.00

DOCUMENT # P95000076370

1. Corporation Name
WITCO SERVICES, INC.

Principal Place of Business

1445 HIGHFIELD DRIVE
CLEARWATER FL 33764
US

Mailing Address

1445 HIGHFIELD DRIVE
CLEARWATER FL 33764
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1995

4. FEI Number

59-3342445

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

2. Principal Place of Business

21 1726 PENNY LANE

2a. Mailing Address

26 1726 PENNY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 CLEARWATER, FL.

City & State

28 CLEARWATER, FL.

Zip

Country

24 33756 25 PIN.

Zip

Country

29 33756 30 PIN.

9. Name and Address of Current Registered Agent

ROBERT W. WITTENBERG
1445 HIGHFIELD DRIVE
CLEARWATER FL 33764

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1726 PENNY LANE

83

84 City CLEARWATER

FL

85 Zip Code

33756

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME WITTENBERG, ROBERT W
STREET ADDRESS 1445 HIGHFIELD DRIVE
CITY-ST-ZIP CLEARWATER FL 34624 ☐ DELETE

TITLE VSD
NAME WITTENBERG, JANICE L
STREET ADDRESS 1445 HIGHFIELD DRIVE
CITY-ST-ZIP CLEARWATER FL 34624 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1726 PENNY LANE
1.4 CITY-ST-ZIP CLEARWATER, FL. 33756 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1726 PENNY LANE
2.4 CITY-ST-ZIP CLEARWATER, FL. 33756 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ 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 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: Robert Wittenberg ROBERT WITTENBERG 4/29/99 727-536-1690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)