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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000076464 (3)

W. C. AIRTH, INC.

Principal Place of Business Mailing Address 112 WEST HOWARD STREET POST OFFICE BOX 448 LIVE OAK FL 32080 LIVE OAK FL 32080-0448										
						3. Date Incorporated or Qualified 09/25/1995	3a. Date of 03/26/19		port	
⊢ ⊸ ′	lace of Business	2a. Mailing Address				4. FEI Number			plied For	
Suite, Apt.	# coto	Suite, Apt. #, etc.				59-3359421			t Applicable dditional	
22	n, Citta	27	-			5. Certificate of Status Desired	1 1	Fee Rec		
City & State	6	City & State				6. Election Campaign Financing	\$	5.00	May Be	
23		28				Trust Fund Contribution		dded to		
Ì Zip			·	8. This corporation has liability for intangible tax under s.			199.032,			
24	9. Name and Address of Curren	29	30			Florida Statutes 10. Name and Address of New Re	Yes No			
AIDT		t Hogisterou Agent		B1 Nar	ne	10. Home and readings of Heaville	giotorou rigorii			
	'H, HAL A West Howard Street									
LIVE OAK FL 32060				82 Stre	et Addre	ess (P.O. Box Number is Not Acceptal	ole)			
	0/11/12/02/07			B3		· · · · · · · · · · · · · · · · · · ·	····			
			ŀ	84 City	,		85	Zip C	ode	
	007.050	D. J. 007 Apple Fig. 1. Oak				P. W. M.	FL [®]			
office or r	to the provisions of Sections 607,050 registered agent, or both, in the State	z and 607, 1508, Florida Statu of Florida. Such change was	authorized	ove-nam by the d	eu corpo corporation	oration submits this statement for the pon's board of directors. I hereby acce	ourpose of char pt the appointm	ent as i	registered	
agent. Fa	m familiar with and a cept the control	ntions of, Section 607.0505, F	lorida Statu	ites.		つ。	5-6-	>		
SIGNATURE	Structure, typed or printed name of egistered age	nt and tide if applicable (NO	TE: Registered	Agent signs	ture require	d when reinslating)	DATE			
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTOR	S IN 12	
Trible	D	□.DELETE	1.1 101	.E				hange	Addition	
NAME	SHUMAN, CATHERINE A		1.2.NAI	ME					İ	
STREET ADDRESS	818 WILKINSON AVENUE			EET ADDRE	SS					
CITY - ST - ZIP TITLE	ORLANDO FL 32803			Y-ST-ZIP			170	hange	Addition	
NAME	D Airth, William C Jr.	L_ DELETE	2.1 TIT(2.2 NA)				√ ليا	nange		
STREET ADDRESS		/A		". Ieet addre	ss				ľ	
CITY-ST ZIP	ORLANDO FL 32802-3444	,,,,		Y-\$1- <i>X</i> IP	-					
TITLE	D	☐ DELETE	3.1 FIT				c	hange	Addition	
NAME	AIRTH, HAL A		3.2 NA	ME						
STREET ADDRESS		/A		REET ADORE	SS					
CHY-ST-ZIP	LIVE OAK FL 32060	DELETE		Y-ST-ZIP			114	hange	Addition	
TITLE		ר] מנונונ	4.1 TIT 4. 2 NA				۰	Hange	L MUGILION	
NAME STREET ADDRESS				me Reet adore	ss					
C-TY - ST - ZIP				Y-ST-ZIP	~					
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NAME			5.2 NA	ΜE	-					
STREET ADDRESS			53 \$11	REET ADDRE	ss					
CHTY-ST-7F				Y-ST-ZIP						
THILE		DELETE	61 TiT				ЦC	hange	Addition	
NAME			6.2 NA							
STREET ADDRESS				REET ADDRE	88					
C(TY-ST-Z⊕	1		■ 6.4 CIT	Y - ST - ZIP	1					

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 if changed, or on an attachment with an address.

SIGNATURE: