

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 07, 1999 8:00 am  
Secretary of State

05-07-1999 90127 030 \*\*\*150.00

DOCUMENT # P97000054278

1. Corporation Name  
WITTNER, NATIONAL, INC.

Principal Place of Business  
5999 CENTRAL AVE., STE. 400  
ST. PETERBURG FL 33733

Mailing Address  
5999 CENTRAL AVE., STE. 400  
ST. PETERBURG FL 33733

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1997

4. FEI Number

59-3455858

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODARD, KATHRYN A  
5999 CENTRAL AVE., STE. 400  
ST. PETERBURG FL 33733

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE  
NAME WITTNER, TED P  
STREET ADDRESS 5999 CENTRAL AVE #400  
CITY-ST-ZIP ST PETERSBURG FL 33710

1.1 TITLE VP ☐ Change ☒ Addition  
1.2 NAME Joni Bartolotta  
1.3 STREET ADDRESS 5999 Central Ave #400  
1.4 CITY-ST-ZIP St. Petersburg FL 33710

TITLE PD ☐ DELETE  
NAME WITTNER, JEAN G  
STREET ADDRESS 5999 CENTRAL AVE #400  
CITY-ST-ZIP ST PETERSBURG FL 33710

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V ☒ DELETE  
NAME MARTIN, PAUL W  
STREET ADDRESS 5999 CENTRAL AVE #400  
CITY-ST-ZIP ST PETERSBURG FL 33710

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

TITLE VP ☐ DELETE  
NAME ROBINSON, JOHN  
STREET ADDRESS 5999 CENTRAL AVE #400  
CITY-ST-ZIP ST PETERSBURG FL 33710

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

TITLE VST ☐ DELETE  
NAME WOODARD, KATHRYN A  
STREET ADDRESS 5999 CENTRAL AVE #400  
CITY-ST-ZIP ST PETERSBURG FL 33710

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: Katherine A. Woodard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 (727) 384-3000  
Date Daytime Phone #

CR2E034 (11/98)

0408694