

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

FILED
Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90008 049 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V60371

1. Corporation Name
WTW II, INC.

Principal Place of Business
**2306 W KENNEDY BLVD
TAMPA FL 33609
US**

Mailing Address
**4427 W KENNEDY BLVD
STE 375
TAMPA FL 33609
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

08/26/1992

4. FEI Number

59-3137734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**DIRCKS, TOMMI G.
6105-C MEMORIAL HWY
SUITE 200
TAMPA FL 33615**

10. Name and Address of New Registered Agent

81 Name **Dircks, Tommi G.**
82 Street Address (P.O. Box Number is Not Acceptable)
4818 Bloomingdale Ave.
83
84 City **Valrico** FL 85 Zip Code **33594**

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]
Signature typed for printed name of registered agent and title if applicable.

Tommi G Dircks

3/25/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, THOMAS J.	
STREET ADDRESS	4427 W. KENNEDY BLVD., #375	
CITY-ST-ZIP	TAMPA FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	TABOR, CHRIS	
STREET ADDRESS	2306 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ORCHARD MARCY	
STREET ADDRESS	4427 W KENNEDY STE 375	
CITY-ST-ZIP	TAMPA FL 33609	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Debbie Albritten
3.3 STREET ADDRESS	4427 W. Kennedy Ste. 375
3.4 CITY-ST-ZIP	Tampa, FL 33609
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/99 813-2875577

CR2F034-1/1/99