**FILED** 

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90168 044 \*\*\*150.00

## 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

## DOCUMENT # 406788

WHELCHEL & HOWARD, INC.

Principal Place	e of Business	Mailing Address				1 (66)14 grait galle gratt 1888 targt 1811 gratt gratt gratt gratt gratt				
2464 SANFORD	AVENUE	2464 SANFORD AVENUE								
SA		SA SANFORD FL 32771 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
SANFORD FL 32771 US										
						08/14/1972				
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number			Appli	ed For
21		26				59-1411223		نـــــــــــــــــــــــــــــــــــــ	Not A	pplicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired			8.75 Additional	
22		27	_			<b>5. Co</b>	<u>.                                    </u>		Requ	
City & State		City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
23		28				Trust Fund Contribution	<del></del> _		ed to	rees
Zip	Country	Zip	Coun	try		8. This corporation owes the curre	ent year Inta	ingible ☑ Yes	Г	]No
24	25		30		<del></del> -	Personal Property Tax.  10. Name and Address of New R	agistered A			110
	9. Name and Address of Current	Registered Agent		81	Name	IV. Name and Address of New A	ogistered /	·go		
ном	/ARD, VIVIAN L.		_							
	S PINE RIDGE CR			82	Street Addre	eet Address (P.O. Box Number is Not Acceptable)				
	FORD FL 32773		- H	83						
<b>9</b> / 11 11			L					·		
				84	City		FL	85	Zip Co	de
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the ab	ove	-named corpo	oration submits this statement for the	purpose of o	hanging	j its re	gistered
office or n	egistered agent, or both, in the State of manifer with, and accept the obligation	nt Florida. Such change was au	thonzea	DV (	the corporatio	in's board of directors. I hereby accep	it the appoin	itment a	s regis	stereo
•	Tripinial Will, and absort the bongan	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
organismo, typed of printed to together and the control of the con					signature required		DATE			
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRE		S IN 12
TITLE	PD	☐ DELETE	1.1 7(7)		}			Поня	iye	
NAME	HOWARD, VIVIAN L.		1.2 NA							
STREET ADDRESS	1025 S PINE RIDGE CR		1		ADDRESS					ł
CITY-ST-ZIP	SANFORD FL		1.4 CIT	_	-ZIP			☐ Char		Addition
TITLE		☐ DELETE	2.1 TITL		1				igc	
NAME			2.2 NAJ							
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NAME			4. 2 NA		- (					ļ
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NAME					ADDRESS					1
STREET ADDRESS			1							\
CITY-ST-ZIP		Floriere	5.4 CIT 6.1 TITI		- 217			Cha	nge	Addition
TITLE		☐ DELETE	6.2 NA					_ >	.50	
NAME					4000000					
OTDEET ADDDEED	I		6.3 ST	ŒΕΪ	ADDRESS					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CISHABLE RECENTIONS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR