

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAR 28 AM 10:31

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS



1995

1. Corporation Name
SYLVIA'S WHISPERING WATERS, INC.

DOCUMENT # F60107 (2)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address: **7306 GARDEN DR N ST. PETERSBURG FL 33710**

Principal Place of Business: **7306 GARDEN DR N ST. PETERSBURG FL 33710**

200001443202
-03/29/95--01096--001
***225.00 ***225.00

DO NOT WRITE IN THIS SPACE

2. Mailing Address: [21] [22] [23] [24] [25] [26] [27] [28] [29] [30]

2a. Principal Place of Business: [26] [27] [28] [29] [30]

3. Date Incorporated or Qualified: **12/29/1981**

3a. Date of Last Report: **02/26/1993**

21. State Apt # etc: [21]

22. City & State: [22]

23. Zip: [23] Country: [24]

24. Country: [24]

4. FEI Number: **59-2199496**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:

7. Nonprofit Exempt from \$138.75 Supplemental Fee:

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

SYLVIA, FRANK F. JR.
7306 GARDEN DR N
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11 TITLE: **D/T**

12 NAME: **THURSON, CYNTHIA**

13 STREET ADDRESS: **911 17TH ST SOUTH**

14 CITY ST ZIP: **NANTUCKET MA**

21 TITLE: **D/V**

22 NAME: **SYLVIA, RICHARD**

23 STREET ADDRESS: **MEADOWVIEW DRIVE**

24 CITY ST ZIP: **NANTUCKET, MASS 00000**

31 TITLE: **D/P**

32 NAME: **SYLVIA, ELIZABETH**

33 STREET ADDRESS: **7873 N CAUSEWAY ISLE**

34 CITY ST ZIP: **ST PETERSBURG, FL 00000**

41 TITLE: **D/V**

42 NAME: **SYLVIA, FRANK**

43 STREET ADDRESS: **7306 GARDEN DR N**

44 CITY ST ZIP: **ST PETERSBURG FL**

51 TITLE: **D/S**

52 NAME: **HARE, PATRICIA S**

53 STREET ADDRESS: **829 N HAMPTON DRIVE**

54 CITY ST ZIP: **NORCROSS, GA 00000**

61 TITLE: _____

62 NAME: _____

63 STREET ADDRESS: _____

64 CITY ST ZIP: _____

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: _____

12 NAME: _____

13 STREET ADDRESS: _____

14 CITY ST ZIP: _____

21 TITLE: _____

22 NAME: _____

23 STREET ADDRESS: _____

24 CITY ST ZIP: _____

31 TITLE: _____

32 NAME: _____

33 STREET ADDRESS: _____

34 CITY ST ZIP: _____

41 TITLE: _____

42 NAME: _____

43 STREET ADDRESS: _____

44 CITY ST ZIP: _____

51 TITLE: _____

52 NAME: _____

53 STREET ADDRESS: _____

54 CITY ST ZIP: _____

61 TITLE: _____

62 NAME: _____

63 STREET ADDRESS: _____

64 CITY ST ZIP: _____

955 3/28/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frank F. Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/95
817-548-2828
Tallahassee, Florida