

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

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J50806** (5)

1. Corporation Name

**WHISPER CREEK, INC.**

Principal Place of Business

**1800 HICKORY DR  
LABELLE FL 33935**

Mailing Address

**1800 HICKORY DR  
LABELLE FL 33935**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**12/31/1986**

3a. Date of Last Report

**03/25/1994**

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number

**65-0029301**

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 has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**CAVIN, LEO J.  
1600 POLLYWOG DRIVE  
LABELLE FL 33935**

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, 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD**

**CAVIN, LEO J.**

**1600 POLLYWOG DR.  
LABELLE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**SD**

**CHRISTENSON, CHERI (1ST)**

**571 SHADOW LN.  
LABELLE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**TD**

**SHIRLEY, JUANITA M.**

**RT. 1 BOX 1510  
LABELLE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☒ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☒ Addition

**DIRECTOR, VICE PRESIDENT**  
**SHIRLEY, WALTER A.**  
**RT. 1, BOX 1510**  
**LABELLE, FL. 33935**

**DIRECTOR, VICE PRESIDENT**  
**CHRISTENSON, DARRELL L.**  
**571 SHADOW LN.**  
**LABELLE, FL. 33935**

**DIRECTOR, EXEC. VICE PRESIDENT**  
**CAVIN, MARJORIE J.**  
**1600 Pollywog Dr.**  
**LABELLE, FL. 33935**

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 110.07(3)(k), 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:

**Juanita M. Shirley**  
**JUANITA M. SHIRLEY**  
Preston

**4/24/95**

**(813) 675-6888**