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Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **J50806** **(5)**

1. Corporation Name
WHISPER CREEK, INC.

Principal Place of Business	Mailing Address
1980 HICKORY DR LABELLE FL 33935	1980 HICKORY DR LABELLE FL 33935-9429

3. Date Incorporated or Qualified: **12/31/1986**
3a. Date of Last Report: **03/18/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	DVP	☐ Change ☒ Addition
NAME	CAVIN, LEO J.		1.2 NAME	CAVIN, William J.	
STREET ADDRESS	1600 POLLYWOG DR.		1.3 STREET ADDRESS	5320 2ND AV. SW.	
CITY-ST-ZIP	LABELLE FL		1.4 CITY-ST-ZIP	NAPLES, FL. 33935	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTENSON, CHERI (1ST)		2.2 NAME		
STREET ADDRESS	571 SHADOW LN.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHIRLEY, JUANITA M.		3.2 NAME		
STREET ADDRESS	RT. 1 BOX 1510		3.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL		3.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHIRLEY, WALTER A		4.2 NAME		
STREET ADDRESS	RT. 1 BOX 1510		4.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL		4.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTEN, DARRELL L		5.2 NAME		
STREET ADDRESS	571 SHADOW LN		5.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL		5.4 CITY-ST-ZIP		
TITLE	DEVP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CAVIN, MARJORIE J		6.2 NAME		
STREET ADDRESS	1600 POLLYWOG DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Juanita M. Shirley FILED — 2/24/97 — (941) 675-6888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #