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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K08546

(9)

WHITBECK ENTERPRISES, INC.

Principal	Place	of Bu	ısiness

% ROBERT C. WHITBECK, JR.

Mailing Address

% ROBERT C. WHITBECK, JR. 4410 WILKINSON RD.

FILED Apr 28 1997 8:00am Secretary of State



SARASOTA FL				SOTA FL 34233-2544									
			•					3. Date incorporated or Qualified 12/23/1987	3a. Date of 05/01/1		eport		
2. Principal Pi	lace of Business		2s. M	ailing Address			·· ··-	4. FEI Number	1 40,41,		plied For		
21			26	-				65-0017858			t Applicable		
Sulte, Apt. #, etc. Suite, Apt. #, etc.							\${		dditional				
22	27					5. Certificate of Status Desired		Fee Re					
City & State				6. Election Campaign Financing	\$	5.00	May Be						
23			28				Trust Fund Contribution		Added to Fees				
Z ID	[Country	7	Zip Country			,	8. This corporation has liability for	or intangible tax under s. 199,032,				
24	25		29	29 30				Florida Statutes	🔀 Yes 🔲 No				
	9. Name and	Address of Current	Register	ed Agent				10. Name and Address of New Ro	gistered Agen	t			
WHI	TBECK, ROBER	RT C., JR.				81	Name						
	WILKINSON I					82	Street Add	trees (P.O. Box Number is Not Accepta	nle)				
	ASOTA FL 342					82 Street Address (P.O. Box Number is Not Acceptable)							
,						83							
						84	City		 85	Zip (Code		
11 Pureuant	to the provisions	of Sections 607 0502	end 607	1508 Florida Statuti	es the	shovi	e-named cor	moration submits this statement for the	FL Durpose of char	naina itr	e rogistored		
office or re agent. I a	egistered agent, m familiar with, a	or both, in the State on accept the obligation	of Florida ions of, S	Such change was a ection 607.0505, Fig.	authoriz orida St	ed by	the corpora	poration submits this statement for the ation's board of directors. I hereby acce	pt the appointm	ent as	registered		
SIGNATURE	Signature, typed or pri	inted name of registered agen	and tile if a	phoable (NOT)	E: Registe	red Age	ent signalure requ	ui ed when reinstarng)	DATE	··			
12.		OFFICERS AND	DIRECT	ORS	13			ADDITIONS/CHANGES TO OFFIC	CERS AND DIR	CTOR	S IN 12		
TITLE	PD			☐ DELETE	1.1	TITLE				Change	☐ Addition		
NAME	WHITBECK, I	robert C., Jr.			1.2	NAME							
STREET ADDRESS	4410 WILKIN	son RD.			1.3	STREET	ADDRESS						
CITY-ST-ZIP	SARASOTA F	FL			1.4	CHIY-S	ST - ZIP				Ì		
TITLE	STD			DELETE	21	TITLE				hange	Addition		
NAME	WHITBECK, 8	SHEILA E.			2.2	NAME							
STREET ADDRESS	4410 WILKIN	SON RD.			2.3	STREET	ADDRESS						
CITY-ST-ZIP	SARASOTA F	<u>-</u> [2.4	CITY-	ST · ZIP						
TITLE				DELETE		1111.6				Change	☐ Addition		
NAME					3.2	NAME							
STREET ADDRESS					3.3	STREET	ADDRESS						
CITY-ST-ZIP						CITY-	į.				Í		
TITLE				DELETE		TITLE				Change	Addition		
NAME					4.2	NAME							
STREET ADDRESS					4.3	STREET	ADDRESS						
CITY-ST-ZIP						CITY-S							
TITLE				DELETE		TITLE	<u> </u>			Change	Addition		
NAME					5.2	NAM!							
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP					1	CITY - S							
TITLE				DELETE		THILE				Change	Addition		
NAME					1	NAME				~			
STREET ADDRESS							ADDRESS						
1 1													
CITY-ST-ZIP	ny certify that the	information cumplied	with thin	filing does not qualif		CITY-S		od in Section 119.07(3)(i) Florida Statute	e I further cort	tu that	the		

red nereov cernly that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(f). 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.

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1997



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DIVISION OF CORPORATIONS

	MENT # P95000 AMES ENTERPRISES, INC.	081555 (1)) (88) (80) (10) (8) (11) (8) (11) (8) (11) (8) (11) (8) (11) (8) (11) (8) (11) (8) (11) (8) (11) (8) (11) (8)	
Principal Plac	e of Business	Mailing Address				PREEL BROOM (BIR) (1886) (1866) (1866) (1866) (1866)
18950 US HWY MT. DORA FL		18950 US HWY 441 MT. DORA FL 32757-6738 US				
					3. Date Incorporated or Qualified	
2 Principal P	'lace of Business	2a. Mailing Address			10/20/1995 4. FEI Number	05/01/1996 Applied For
21	iado di Eddinoso	26			59-3347584	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				CQ 75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State			6. Election Campaign Financing	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country		8. This corporation has liability for Florida Statutes	or intangible tax under s. 199.032, Yes No
24	25 9. Name and Address of Current	- 	30		10. Name and Address of New	
വ	JDREAU, MARK J	·/····································	81	Name		
	I CITRUS AVENUE		82	Stroot A	OUD REAU MARK otress (P.O. Box Number is Not Accept	table)
	STAL RIVER FL 34428		62	18	750 05 107 4	4 1
)			83			
			84	City.	_	85 Zip Code
				Cily	TORA	FL 32757
office or r agent. I a SIGNATURE	registered egent, or both, in the State of manifer with, and a coupt the obligation of the property of the pro	of Florida, Such change was a consider Section 607,0505, Florida in the constant of the cons	iuthorized by irida Statutes Registered Ager	the corpo	corporation submits this statement for the pration's board of directors. I hereby according to the pration's board of directors. I hereby according to the property of the pro	pept the appointment as registered OATE
, 12.	OFFICERS AND		13.			FICERS AND DIRECTORS IN 12 Change
TITLE	P AGUIDOCAU MADY I	☐ DELETE	1.1 TITLE	i	PRESIDENT	• • •
NAME ATTECT ADDRESS	GOUDREAU, MARK J 7019 PINE HOLLOW DRIVE		1.2 NAME 1.3 STREET	ADEJUERO	MARK J. GOUDRE	- DAK DR .
STREET ADDRESS CITY-ST-ZIP	MT. DORA FL		1.3 STREET /		BUSTIS, FL 37	721
CIFF-31-2IF	MI. DOINTE	DELFTE	2.1 HILE	-211	0-010,10	Change Addition
NAME		<u> </u>	2.2 NAME	1		•
STREET ADDRESS			2.3 STREET A	ADDRESS		
CITY-ST-ZIP			2. 4 CITY - S	1-2IP		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET A			
CHT - ST - ZIP		DELETE	3.4 CITY-S	1 - ZIP		☐ Change ☐ Addition
TITLE TAME		☐ OELCIE	4.1 TITLE	İ		
STREET ADDRESS			4. 2 NAME 4.3 STREET A	ADUBL CC		
CITY-ST-ZIP			4.4 CITY-ST	1		
TITLE		DELETE	5.1 TITLE	*"		☐ Change ☐ Addition
NAME			5.2 NAME	1.		·
STREET ADDRESS			5.3 STREET A	ADDRESS	-	
CITY-ST-ZIP			5.4 CHY-S1			
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			G.2 NAME			
STREET ADDRESS			6.3 STREET	ADORESS		
CITY-ST-ZIP			6.4 CITY - ST	- ZIP		

4. 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 trusted 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 or an all other ment with an address.

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707-203-995