

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000067914 (0)**
1. Corporation Name
19 WHITNEY, INC.



Principal Place of Business: **16991 U.S. HIGHWAY 19 NORTH CLEARWATER FL 34624**
Mailing Address: **16991 U.S. HIGHWAY 19 NORTH CLEARWATER FL 34624**

3. Date Incorporated or Qualified: **09/29/1993** 3a. Date of Last Report: **04/19/1995**
4. FEI Number: **59-3205513** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **16991 U.S. HIGHWAY 19 NORTH CLEARWATER FL 34624**
2a. Mailing Address: **P. O. Box 17860 Clearwater, FL 34622**
22. Suite, Apt. #, etc.:
23. City & State:
24. Zip: **34622** 25. Country:
26. Suite, Apt. #, etc.:
27. City & State:
28. **Clearwater, FL**
29. Zip: **34622** 30. Country: **Pinellas**

9. Name and Address of Current Registered Agent
**BARBER, CHARLES F
16991 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable): **1550 South Highland Avenue, Bldg. C**
83.
84. City: **Clearwater, FL** 85. Zip Code: **34616**

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 the applicable: (NEW) Registered Agent signature required when changing

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|--|
| TITLE | DP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STONE, J O | 12 NAME | |
| STREET ADDRESS | 16991 U.S. HIGHWAY 19 NORTH | 13 STREET ADDRESS | |
| CITY-STATE-ZIP | CLEARWATER FL 34624 | 14 CITY-STATE-ZIP | |
| TITLE | DST | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARBER, CHARLES F | 22 NAME | |
| STREET ADDRESS | 235 PINE ROAD | 23 STREET ADDRESS | 1550 South Highland Avenue, Bldg. C |
| CITY-STATE-ZIP | BELLEAIR FL 34616 | 24 CITY-STATE-ZIP | Clearwater, FL 34616 |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-STATE-ZIP | | 34 CITY-STATE-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-STATE-ZIP | | 44 CITY-STATE-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-STATE-ZIP | | 54 CITY-STATE-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-STATE-ZIP | | 64 CITY-STATE-ZIP | |

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 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: President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 531-9584
Daytime Phone #

CR2E034 (12/95)