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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 153698

(6)

V.E. WHITEHURST & SONS, INC.

FILED Feb 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address **COUNTY ROAD 335** 20551 N.E. 75TH STREET WILLISTON FL 32696 WILLISTON FL 32696 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/06/1948 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-0582156 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 ☐ Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WHITEHURST, DAN E 20551 NE 75TH ST Street Address (P.O. Box Number is Not Acceptable) WILLISTON FL 32696 83 841 City 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 reinstating) DATE						
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	DELETE	1.1 TITLE	SECRETARY	☐ Change	Addition
NAME	WHITEHURST,D E JR.		1.2 NAME	WILLIAM J. WHITEHURS		22
STREET ADDRESS	RT. 1, BOX 5700		1,3 STREET ADDRESS	20050 NE 75TH ST.	T TIT	
City-ST-ZiP	WILLISTON FL		1.4 CITY-ST-ZIP			
TITLE	P	DELETE	2.1 TITLE	WILLISTON, FL. 32696	Change	X Addition
NAME	WHITEHURST, DAN E.	<u> </u>	2.2 NAME	TREASURER		ZZ / Kaokiok
STREET ADDRESS	RT. 1, BOX 440		2.3 STREET ADDRESS	JAMES MONTGOMERY WHI	TEHURST	-
	WILLISTON FL			21301 NE 98TH LANE	. 14.	
CITY-ST-ZIP TITLE	WILDOTOIT E	☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	WILLISTON, FL. 32696	Change	Addition
			1	PRESIDENT	X Grange	E AGUIDOSI
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	20550 N.E. 75TH ST.		
CITY-ST-ZIP	T. T. W. S. L.	The state	3.4. CITY - ST - ZIP	WILLISTON, FL. 32696		
TITLE		DELETE	4.1 TITLE	V. PRESIDENT	X Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	21290 N.E. 75TH ST		
CITY-ST-ZIP			4.4 CITY - ST - ZIP	WILLISTON, FL. 32696		
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			64 CITY - ST - 71P			

14. I hereby certify that the information supplied with this filling 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 13 or Block 13 if oranged, or on an attachment with an applicass.

SIGNATURE:

and Illite funt THEE

2-3-98

352-528-2101

CR2E034 (10/97)