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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 159376 1. Corporation Name

WILLIAM C. AND GENE C. WHITEAKER, INC.

Principal Place of Business

Mailing Address

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90272 008 \*\*\*150.00



18525 S.W. 293 TERRACE HOMESTEAD FL 33030		18525 S.W. 293 TERRACE HOMESTEAD FL 33030			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
	•					10/21/1949			}
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		A	Applied For
21		26				59 <del>-6</del> 069153			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							Additional
22	**	27	27			_5. Certifcate of Status Desired		Fee F	Required
City & State		City & State	City & State			6. Election Campaign Financing	П	\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Zip Country			8. This corporation owes the curn	ent year Inta		
24	25		30			Personal Property Tax.		☐Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New F	egistered /	igent	
market to a bit of the second				31	Name				
DUNNIGAN, JENNIFER A.			8	82 Street Address (P.O. Box Number is Not Acceptable)					
	5 SW 293 TERRACE		<u> </u>				_		
HOMESTEAD FL 33030			8	33		•			-
			Ē	14	City		FL	85 Zip	Code
		1007 (700 7) (1) (0)				esting a builty this atatament for the		hanaina i	te registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	if Florida. Such change was aut	horized (	ov tn	e corporation	's board of directors. I hereby accep	t the appoin	tment as	registered
SIGNATURE									
	Signature, typed or printed name of registered agent		<del>-</del> -	gent s	ignature required v		DATE	D DIDECT	
12.	OFFICERS ANI	D DIRECTORS  DELETE	13.			ADDITIONS/CHANGES TO OF	-ICERS AN	Change	
TITLE	P	☐ DETEIE	1.1 11111						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	WEBSTER, GRAHAM.		1.2 NAM		1			•	
STREET ADDRESS	19800 SW 180 AVE #255		1.3 STRI						
CITY-ST-ZIP	MIAMI FL		1.4 CITY		ZIP		_		Addition
TITLE	VP	☐ DELETE	2.1 TITLE	E		•		Change	e
NAME	Webster, Glenn.		2.2 NAME						
STREET ADDRESS	16098 BAILEY HILL RD		2.3 STRE		DDRESS				
CITY-ST-ZIP			2. 4 CITY	/- \$T	ZIP		<u>:</u>	3,	
TITLE	8	☐ DELETE	3.1 TITLE		}			☐ Change	e 🗌 Addition
NAME	DUNNIGAN, JENNIFER.		3.2 NAME		1				
STREET ADDRESS	18525 S.W. 293 TERR.		3.3 STR	EETA	DORESS				ļ
CITY-ST-ZIP	HOMESTEAD FL		3.4. CITY	/-\$T-	ZIP _		_		
TITLE	T	☐ DELETE 4.1 TI		E				Change Change	e 🗀 Addition
NAME	WEBSTER, GREGG		4.2 NAV	AÉ.	ļ	•		•	{
STREET ADDRESS	702 CPIMTU RD 467		4.3 STR	EETA	DDRESS			•	
CITY-ST-ZIP	LAKE PANASOFKEE FL		4.4 CITY	-ST-2	ZIP {				
TITLE		☐ DELETE	5.1 TITL	E				Change	e 🔲 Addition
NAME			5.2 NAM	E	f				ţ
STREET ADDRESS			5.3 STRI	EETA	DDRESS				{
CITY-ST-ZIP			5.4 CITY	-ST-2	ZIP				
TITLE	· · ·	☐ DELETE	6.1 T?TL	E				☐ Change	e
NAME			6.2 NAM	Æ					Į

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS