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 # 326635

(0)

WHITING STREET CORPORATION

FILED Feb 03 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					IBH DIBH DIDH BIBH DIDH IDDI
119 WHITING ST 119 WHITING ST					
TAMPA FL 33602 TAMPA FL 33602				DO NOT WRITE IN TH	IS SDACE
				3. Date Incorporated or Qualified	3 Gr ACE
				02/21/1968	
2. Principal P	lace of Business	2a. Mailing Address	1 1	4. FEI Number	Applied For
21	-	26 192 8 Kiche	ASSON PI.	59-1263506	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		6. Certificate of Status Desired	Fee Required
City & State	9	City & State	FI	6. Election Campaign Financing	\$5.00 May Be
23	0	28 / am pa	7.	Trust Fund Contribution	Added to Fees
Žip	Country	29 33606 3	O HI//56.	8. This corporation owes or has paid the	
24	9. Name and Address of Curre		0 74//1500	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
DE DE		It traditation whatit	81 Name	To traine and success of New Inegrisies	d Agoin
DEAN, ROBERT JOHN 119 WHITING ST. 81 Name Dean Kuben T is					1 1
DE SUCH AUDICED IT				ess (P.O. Sox Number is Not Acceptable)	PI
TAMPA FL 33602				* MENERESON	
			84 City	pa. F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	12 and 607 1508. Florida Statutes	the above-named corn	pration submits this statement for the nurnose	of changing its registered
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 ag-	ent and tille it applicable. (NOTE: F	Registered Agent signature requir	ed when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PO	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DEAN,ROBERT JOHN		1.2 NAME		
STREET ADDRESS	1928 RICHARDSON PL.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CiTY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	REDMAN,RICHARD L		22 NAME		,
STREET ADDRESS	507 COLUMBIA DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2. 4 CITY - ST - ZIP		
TITLE	T DEAN MATE	☐ DELÉTE	3.1 TITLE		Change Addition
NAME	DEAN, KATE		3.2 NAME		
STREET ADDRESS	1928 RICHARDSON PL.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4. CITY - ST - ZIP		
TITLE		☐ DELĒTE	41 TITLE		Change Addition
NAME			4. 2 NAME		İ
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		(*) OFFERE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ŀ
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP		Change Addition
		ر مددند	6.1 TITLE		Circulation Circulation
STREET ADDRESS		,	6.2 NAME		
			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 chapted, open an attachment with an eddress.

SIGNATURE:

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