FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 ... 11 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **376134** **(3)**

1. Corporation Name

WHS, INC.

Principal Place of Business:
1135 MARIPOSA AVE.
BARTOW FL 33830

Mailing Address:
1135 MARIPOSA AVE.
BARTOW FL 33830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/27/1971**

3a. Date of Last Report: **04/18/1994**

4. FEI Number: **59-1319513** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

STIDHAM,WOFFORD H
1135 MARIPOSA
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	☐ Change ☐ Addition
NAME	STIDHAM,WOFFORD H.	1 NAME	
STREET ADDRESS	1135 MARIPOSA	1 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	1 CITY-ST-ZIP	
TITLE	TD	2 TITLE	☐ Change ☐ Addition
NAME	STIDHAM,WOFFORD H	2 NAME	
STREET ADDRESS	1135 MARIPOSA	2 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	2 CITY-ST-ZIP	
TITLE	SV	3 TITLE	☐ Change ☐ Addition
NAME	STIDHAM, JEFFERY W.	3 NAME	
STREET ADDRESS	305 E LEMON ST	3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	3 CITY-ST-ZIP	
TITLE	VD	4 TITLE	☐ Change ☐ Addition
NAME	STIDHAM, JONATHAN	4 NAME	
STREET ADDRESS	5009 IRONWOOD TRAIL	4 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-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)(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.

SIGNATURE: [signature] Wofford H. Stidham, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-95
Date

(813) 533-0866
Daytime Phone #

0018200 CP