

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90015 014 \*\*\*550.00

DOCUMENT # **376134**

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**

Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

**59-1319513**

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

**25**

**29**

**30**

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STIDHAM, WOFFORD H  
1135 MARIPOSA  
BARTOW FL 33830**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

I, 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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DE	PD	<input type="checkbox"/> DELETE
AE	STIDHAM, WOFFORD H.	
REET ADDRESS	1135 MARIPOSA	
Y-ST-ZIP	BARTOW FL	
DE	TD	<input type="checkbox"/> DELETE
AE	STIDHAM, WOFFORD H	
REET ADDRESS	1135 MARIPOSA	
Y-ST-ZIP	BARTOW FL	
DE	SV	<input type="checkbox"/> DELETE
AE	STIDHAM, JEFFERY W.	
REET ADDRESS	305 E LEMON ST	
Y-ST-ZIP	BARTOW FL	
DE	VD	<input type="checkbox"/> DELETE
AE	STIDHAM, JONATHAN	
REET ADDRESS	645 E CHURCH STREET	
Y-ST-ZIP	BARTOW FL	
DE		<input type="checkbox"/> DELETE
AE		
REET ADDRESS		
Y-ST-ZIP		
DE		<input type="checkbox"/> DELETE
AE		
REET ADDRESS		
Y-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

*Jeffery W. Stidham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Jeffery W. Stidham**

7/1/99

533-0866

Date

Daytime Phone #

CR2E034 (5/99)

0095219