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Jan 20, 1999 8:00am  
Secretary of State

01-20-1999 90012 014 \*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 411465

1. Corporation Name

WHALEY GROVES INC

Principal Place of Business

4155 KISSIMMEE PARK RD.  
ST. CLOUD FL 34772

Mailing Address

4155 KISSIMMEE PARK RD.  
ST. CLOUD FL 34772

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1972

4. FEI Number

59-1437663

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 ABOVE

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 ABOVE

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

WEBB, LEILA B.  
4155 KISSIMMEE PARK RD.  
ST. CLOUD FL 34772

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 of 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 LEILA B. WEBB  
Signature, typed or printed name of registered agent and title if applicable.

Leila B. Webb Pres 1/2/99  
(NOTE: Registered Agent signature required when reinstating)

407-892-3595  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME WEBB, LEILA  
STREET ADDRESS 4155 KISSIMMEE PK. RD.  
CITY-ST-ZIP ST. CLOUD FL 34772

TITLE D ☐ DELETE  
NAME WEBB, BRUCE A  
STREET ADDRESS 1610 WHITTIER  
CITY-ST-ZIP CANTON, MI 00000 48187

TITLE VT ☐ DELETE  
NAME WEBB, WILLIAM T.  
STREET ADDRESS 4155 KISSIMMEE PK. RD.  
CITY-ST-ZIP ST. CLOUD FL 34772

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T. WEBB Vice-Pres William Webb 1/2/99 407-892-3595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)