

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 420941 (7)

1. Corporation Name  
WHISPERING PINES TRAILER PARK, INC.

Principal Place of Business 10075 GANDY BLVD ST. PETERSBURG FL 33710 US	Mailing Address P O BOX 66407 ST. PETERSBURG FL 33736 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 03/12/1973	3a. Date of Last Report 06/03/1996
		4. FEI Number 59-1487987	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PELOSI, GERALDINE V  
12498 1ST STREET W  
ST. PETERSBURG FL 33706

81 Name	Geraldine V. Pelosi
82 Street Address (P.O. Box Number is Not Acceptable)	9602 Woodbay Dr
83	
84 City	TAMPA
85 Zip Code	FL 33626

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	PELOSI, JOSEPH A.	1.2 NAME	Geraldine V. Pelosi
STREET ADDRESS	4514 NINTH AVE N	1.3 STREET ADDRESS	9602 Woodbay Dr
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	TAMPA FL 33626
TITLE	VP	2.1 TITLE	Vice President
NAME	PELOSI, GERALDINE	2.2 NAME	Joseph A. Pelosi
STREET ADDRESS	4514 NINTH AVE	2.3 STREET ADDRESS	9602 Woodbay Dr
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	TAMPA FL 33626
TITLE	ST	3.1 TITLE	<del>See/Treas</del> V. P. Pelosi
NAME	PELOSI, GERALDINE V	3.2 NAME	Geraldine M. Pelosi
STREET ADDRESS	12498 1ST ST N	3.3 STREET ADDRESS	9602 Woodbay Dr
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	TAMPA, FL 33626
TITLE		4.1 TITLE	See/Treas
NAME		4.2 NAME	Geraldine V. Pelosi
STREET ADDRESS		4.3 STREET ADDRESS	9602 Woodbay Dr
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMPA FL 33626
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

*Geraldine V. Pelosi*

9/18/97 (412) 8541929

CR2E034 (4/97)