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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI	WENT # 420941			
1. Corporation Name WHISPERING PINES TRAILER PARK, INC.				
WHISPEI	RING PINES THAILER PARK	i, INC.		A SECOND RESIDENCE AND ADDRESS OF THE LIBERT AND ALL A
•				
		Ad-16 Address		- I FORTIX RIESE TIETY ORING TARK BIRBOLITES DIGIN FIRM DIGIN BIRIN BIRIN FIRM FIRM FRANK
Principal Place of Business Mailing Address				· ·
10075 GANDY BLVD PO BOX 10007				
ST. PETERSBURG FL 33710 TAMPA FL 33679 US US		US		DO NOT WRITE IN THIS SPACE
	•	00		3. Date Incorporated or Qualifed
				03/12/1973
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21	•	26		59-1487987 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired Sa.75 Additional
22		27		ree Required
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax
24	25	29 30	<u> </u>	Personal Property Tax. Yes SNo 10. Name and Address of New Registered Agent
	9. Name and Address of Curren	t Registered Agent	81 Name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PELOSI, GERALDINE V			OI Name	Geraldine. V. relosi- Marrell
9602 WOODBAY DR			82 Street Ad	dress (P.O. Box Number is Not Acceptable)
TAMPA FL 33626			83	701 S. Newport Ave
170	FA FE 33020		55	
			84 City -	THM PA FL 85 33606
5. Continue 607 0502 and 607 1508 Florida Statutes the above name			the above named co	THE SUBMITS THE STATEMENT FOR THE PURPOSE OF CHANGING ITS REGISTERED
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Su <u>ch</u> change was auth	orized by the corpora	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and appept the obliga	tions of Section 607,0505, Florid	a Statyle's.	10
SIGNATURE	Leaden	V. Telose	- [QUUL egistered Agent signature requ	U 28/99
12.	Signature, lyped or printed name of registered age	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP OTT 102.00 TO	₩ DELETE	1.1 TITLE	A / V O / Change Addition
NAME	PELOSI,JOSEPH A.	V	1.2 NAME	Capabline V. relosi - Farrell
STREET ADDRESS	9602 WOODBAY DR		1,3 STREET ADDRESS	Geraldine Newport Ane
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA 71 33606
me	P	₩ DELETE	2.1 TTLE	☐ Change ☐ Addition
NAME	PELOSI,GERALDINE	•	2.2 NAME	
STREET ADDRESS	9602 WOODBAY DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-ST-ZIP	
TITLE	PST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PELOSI, GERALDINE V		3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	1
CITY-ST-ZIP	TAMPA FL		3.4. CITY-ST-ZIP	
TITLE	·····	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS	• •		4.3 STREET ADDRESS	}
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP	. '		5.4 CITY-ST-ZIP	
TITLE.	<u></u>	☐ DELETE	6.1 TMLE	☐ Change ☐ Addition
NAME	}		6.2 NAME	
1	İ			
STREET ADDRESS			6.3 STREET ADDRESS	

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:

CITY-ST-ZIP