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

DOCUMENT # 1. Corporation Name

WHITCO, INC.

FILED Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90005 027 ***550.00



Principal Place	Mailing Address	Address			E IMBINE NITH NEWEL DIET ALTER ANTE	 	'il Dibit Midit Biffi Midit II		
1435 PINE BAY		1435 PINE BAY					•		
SARASOTA FL 34231-3534		SARASOTA FL 34231-3534							
						DO NOT WRITE	IN THIS S	PACE	_
						3. Date Incorporated or Qualified			-
						08/19/1977		laurised for	_
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	10
21		26				59-1806207		Not Applicab) (O
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27							\dashv
City & State	e	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23	Country	Zip	Cou	untry		This corporation owes the current	t wast	710000 10 1 000	
Zip	— ·	29	30	27 ICI y		Intangible Personal Property.	, year	Yes 🔀 No	
24	9. Name and Address of Curren		30	\Box		10. Name and Address of New Re	gistered A		
	g. Italiio and Fadious of Sairon	it (togictor		81	Name				
SPA	ARROW, RICHARD S.				<u> </u>				
143	5 PINE BAY			82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)		Į.
SAF	rasota fl			83					
				84	City		FL	85 Zip Code	
44 . D	4- theisin oftimes 607 050	2 and 607 1509 Florida Str	atutos the ah	2000	named comor	ation submits this statement for the purp	ose of char	i	
office or i	registered agent, or both, in the State	of Florida. Such change w	as authorized	d by	the corporatio	on's board of directors. I hereby accept	the appoint	nent as registered	
agent. I a	am familiar with, and accept the obliga	ations of, section 607.0505	, Florida Stat	tutes	•				ļ
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable	(NOTE: Registe	ered Ac	pent signature recui	red when reinstating)	DATE		
12.		ID DIRECTORS	13.	urou r n	gant signatura roqui	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS IN 12	
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STREET ADDRESS	1435 PINE BAY				ADDRESS]
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TITLE	S	DELETE						Change Additi	ion
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	SARASOTA FL		B 2.3 S1	TREET	ADDRESS				
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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.