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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 595539

(8)

WHITNEY DESIGN AND ASSOCIATES, INC.

Oringinal Disco	of Punisses	Mailing Address			- E LEBORD ORFUR ADIEN MISON HUSEN ADEL MINI MINI MINI MINI MINI MINI JANI		
Principal Place of Business		•			į		
3130 47TH ST Sarasota FL 34234		3130 47TH ST Sarasota FL 34234		DO NOT WRITE IN THIS SPACE			
					Date Incorporated or Qualified 11/28/1978		
2. Principal Pia	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26		59-1863171	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75	Additional	
22		27		5. Certificate of Status Desired	Fee Re		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution	Added t		
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the cu	rrent year Int	angible
24	25	29 3	ю		Personal Property Tax due June 30.	Yes [No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent	
GRI	GGS, JOHN		81	Name			
	0 47TH ST.		82	Stroot Add	Iress (P.O. Box Number is Not Acceptable)		
	RASOTA FL 34234		"	Street Auc	riess (F.O. Box Number is Not Acceptable)		
Ora	THE STEET		83	1			
				<u> </u>			
			84	City	FI	_ 85 Zip (Code
11. Pursuant t	o the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the abov	e-named cor	poration submits this statement for the purpose	of changing it	s registered
Affica or re	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida, Such change was au	thorized h	w the comore	tion's board of directors. I hereby accept the ap	pointment as	registered
	Transition with distribution to being	antina or, popular our social risk	ou olavaii	.~.			
SIGNATURE	Signature typed or printed name of registered age	ent and title if applicable (NOTE:	Registered A	jent signature requ	ired when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PD	DELETE	1.1 TITLE			Change	Addition
NAME	GRIGGS, JOHN		1.2 NAME				
STREET ADDRESS	8130 47TH ST.		1.3 STREE	T ADDRESS			
CITY - ST - ZIP	SARASOTA FL		1.4 CITY	ST - ZIP			
TITLE	8	☐ DELETE	2.1 TITLE			Change	Addition
NAME	STANLEY, THOMAS G.		2.2 NAME				
STREET ADDRESS	8130 47TH ST.		2.3 STRES	T ADDRESS			
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY	-ST-ZIP			
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			. •
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAM	:			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		DELETE	51 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5 4 CITY-	i i			
TITLE		DELETE	6 1 TITLE			Change	☐ Addition
NAME			6.2 NAME			-	
STREET ADDRESS				T ADDRESS			
SINCEI ADURESS				P7 7/D			

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 one affectment with an adverse.