

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 660230 (4)

1. Corporation Name

WHITTINGTON CONSTRUCTION COMPANY, INC.

Principal Place of Business

246 N HWY 22A
PANAMA CITY FL 32404

Mailing Address

246 N HWY 22A
PANAMA CITY FL 32404



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/24/1980		3a. Date of Last Report 04/25/1995	
21		26		4. FEI Number 59-1985896		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WHITTINGTON, GREGORY P 3009 PAR DR PANAMA CITY FL 32404				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 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	D <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTINGTON, LOWELL T	1.2 NAME	Bonita J. Whittington
STREET ADDRESS	1234 GEORGIA AVE	1.3 STREET ADDRESS	3009 Par Dr.
CITY-ST-ZIP	PANAMA CITY, FL 00000	1.4 CITY-ST-ZIP	Panama City, Fl. 32404
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTINGTON, GREGORY P	2.2 NAME	Gregory P. Whittington
STREET ADDRESS	3009 PAR DR	2.3 STREET ADDRESS	3009 Par Drive
CITY-ST-ZIP	PANAMA CITY FL 32404	2.4 CITY-ST-ZIP	Panama City, Fl. 32404
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITTINGTON, LORETTA M	3.2 NAME	Justin R. Whittington
STREET ADDRESS	1234 GEORGIA AVE	3.3 STREET ADDRESS	3009 Par Dr.
CITY-ST-ZIP	PANAMA CITY, FL 00000	3.4 CITY-ST-ZIP	Panama City, Fl. 32404
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITTINGTON, BONITA S	4.2 NAME	Erin L. Whittington
STREET ADDRESS	3009 PAR DR	4.3 STREET ADDRESS	3009 Par Drive
CITY-ST-ZIP	PANAMA CITY FL 32404	4.4 CITY-ST-ZIP	Panama City, Fl. 32404
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-96 904-785-8899

CR2E034 (12/95)