

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

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90045 014 \*\*\*150.00

DOCUMENT # F19301

1. Corporation Name  
WHISKEY CORNERS, INC.

Principal Place of Business

10809 U.S. HWY 92 E.  
TAMPA FL 33610-5976

Mailing Address

10809 U.S. HWY 92 E.  
TAMPA FL 33610-5976

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1981

4. FEI Number

59-2074161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 2325 GLENMORE CIR

27 Suite, Apt. #, etc.

28 SUN CITY CENTER FL

29 33573 30

9. Name and Address of Current Registered Agent

EDWARDS, JAMES L.  
10809 US HWY 92 EAST  
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2325 GLENMORE CIR.

84 City

SUN CITY CENTER FL

85 Zip Code

33573

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

TITLE PD  
NAME EDWARDS, JAMES L  
STREET ADDRESS 10809 US HWY 92, E.  
CITY-ST-ZIP TAMPA, FL 00000 33610

TITLE VD  
NAME EDWARDS, ANNETTE J  
STREET ADDRESS 10809 US HWY 9E E  
CITY-ST-ZIP TAMPA FL 33610

TITLE ST  
NAME EDWARDS, SEAN L  
STREET ADDRESS 17495 GULF BLVD  
CITY-ST-ZIP REDINGTON SHORES FL 33708

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 2325 GLENMORE CIR.  
1.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 2325 GLENMORE CIR.  
2.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 2325 GLENMORE CIR.  
3.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99

813 642 8077

CR2E034 (11/98)