SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -9 AM 9:23

DOCUMENT # **F63872** **(8)**

1. Corporation Name

WHALEN FAMILY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
13334 GRAND ISLAND SHORES ROAD P.O. BOX 100 GRAND ISLAND FL 32735	13334 GRAND ISLAND SHORES ROAD P.O. BOX 100 GRAND ISLAND FL 32735

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/20/1982**
3a. Date of Last Report: **03/21/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **59-2164738** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WHALEN, RICHARD A
13334 GRAND ISLAND SHORES ROAD
P.O. BOX 100
GRAND ISLAND FL 32735

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP'S	11 TITLE	☐ Change ☐ Addition
NAME	WHALEN, MADELINE M.	12 NAME	
STREET ADDRESS	P.O. BOX 100 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND FL	14 CITY-ST-ZIP	
TITLE	PT	21 TITLE	☐ Change ☐ Addition
NAME	WHALEN, RICHARD A.	22 NAME	
STREET ADDRESS	P.O. BOX 100 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	VEST, LAURIE WHALEN	32 NAME	
STREET ADDRESS	P.O. BOX 100 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LIEBL, MAUREEN WHALEN	42 NAME	
STREET ADDRESS	P.O. BOX 100 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	PEREZ, LINDA	52 NAME	
STREET ADDRESS	P.O. BOX 100 N/A	53 STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WHALEN, RICHARD P.	62 NAME	
STREET ADDRESS	P.O. BOX 100 N/A	63 STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND FL	64 CITY-ST-ZIP	

CR2E034 (3/95)

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: Richard A Whalen Sr 6-6-95 904-589-4174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RICHARD A. WHALEN

0160876 FN