

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F63872 (8)

1. Corporation Name

WHALEN FAMILY ENTERPRISES, INC.



Principal Place of Business

13334 GRAND ISLAND SHORES ROAD
P.O. BOX 100
GRAND ISLAND FL 32735

Mailing Address

13334 GRAND ISLAND SHORES ROAD
P.O. BOX 100
GRAND ISLAND FL 32735

3. Date Incorporated or Qualified

01/20/1982

3a. Date of Last Report

06/09/1995

4. FEI Number

59-2164738

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 13334 Grand Island Shores Rd.

2a. Mailing Address

26 13334 Grand Island Shores Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 350100

27 P.O. Box 350100

City & State

City & State

23 Grand Island, FL

28 Grand Island, FL

Zip

Zip

Country

Country

24 32735

25 USA

29 32735

30 USA

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

Richard P. Whalen

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

13334 Grand Island Shores Road

83

84 City

Grand Island

FL

85

Zip Code

32735

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

Richard P. Whalen

Richard P. Whalen, Director

3/13/96

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 VPS ☐ DELETE

NAME WHALEN, MADELINE M.
STREET ADDRESS P.O. BOX 100 N/A
CITY-ST-ZIP GRAND ISLAND FL

TITLE PT ☒ DELETE

NAME WHALEN, RICHARD A.
STREET ADDRESS P.O. BOX 100 N/A
CITY-ST-ZIP GRAND ISLAND FL

TITLE D ☐ DELETE

NAME VEST, LAURIE WHALEN
STREET ADDRESS P.O. BOX 100 N/A
CITY-ST-ZIP GRAND ISLAND FL

TITLE D ☐ DELETE

NAME LIEBL, MAUREEN WHALEN
STREET ADDRESS P.O. BOX 100 N/A
CITY-ST-ZIP GRAND ISLAND FL

TITLE D ☐ DELETE

NAME PEREZ, LINDA
STREET ADDRESS P.O. BOX 100 N/A
CITY-ST-ZIP GRAND ISLAND FL

TITLE D ☐ DELETE

NAME WHALEN, RICHARD P.
STREET ADDRESS P.O. BOX 100 N/A
CITY-ST-ZIP GRAND ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Richard P. Whalen

Richard P. Whalen, Director

3/13/96

941-853-8061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)