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May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
PO BOX 350100  
GRAND ISLAND FL 32735  
US

Mailing Address  
13334 GRAND ISLAND SHORES ROAD  
PO BOX 350100  
GRAND ISLAND FL 32735-0100  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	01/20/1982	03/20/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2164738	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	Richard P. Whalen
82 Street Address (P.O. Box Number is Not Acceptable)	1508 Morning Dove Loop North
83	
84 City	Lakeland
85 Zip Code	FL 33809

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 4/29/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHALEN, MADELINE M.	1.2 NAME	
STREET ADDRESS	P.O. BOX 100 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEST, LAURIE WHALEN	2.2 NAME	
STREET ADDRESS	P.O. BOX 100 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBL, MAUREEN WHALEN	3.2 NAME	
STREET ADDRESS	P.O. BOX 100 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, LINDA	4.2 NAME	
STREET ADDRESS	P.O. BOX 100 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHALEN, RICHARD P.	5.2 NAME	
STREET ADDRESS	P.O. BOX 100 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND FL	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 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 in an attachment with an address.

SIGNATURE: *Richard P. Whalen* Richard P. Whalen, Director 4/29/97 941-853-8061  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)