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 # **F95000002887 (6)**

1. Corporation Name

WHISPERING PINES OF THOMASVILLE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1479 THOMASVILLE GA 31799-1479	P.O. BOX 1479 THOMASVILLE GA 31799-1479

3. Date Incorporated or Qualified: **06/15/1995**

3a. Date of Last Report:

4. FEI Number: **58-1864628** [ ] 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 (Signature, typed or printed name of registered agent and title if applicable) (Date) (Registered Agent's signature required when changed) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PTDC	[ ] DELETE
NAME	THOMAS, ROBERT III	
STREET ADDRESS	220 S. RIDGEWOOD DR.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	V	[ ] DELETE
NAME	THOMAS, PETE C	
STREET ADDRESS	314 S. BROAD ST.	
CITY-ST-ZIP	THOMASVILLE GA 31792	
TITLE	S	[ ] DELETE
NAME	THOMAS, DONNA L	
STREET ADDRESS	314 S. BROAD ST.	
CITY-ST-ZIP	THOMASVILLE GA 31792	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	Assistant Secretary	[X] Change [ ] Addition
32 NAME	Thomas, Donna L	
33 STREET ADDRESS	314 S. Broad St.	
34 CITY-ST-ZIP	Thomasville, GA 31792	
41 TITLE	Secretary	[ ] Change [X] Addition
42 NAME	J. Michael Caulley, Jr.	
43 STREET ADDRESS	314 S. Broad St.	
44 CITY-ST-ZIP	Thomasville, GA 31792	
51 TITLE	Assistant Secretary	[ ] Change [X] Addition
52 NAME	Hinson, Carol	
53 STREET ADDRESS	314 S. Broad St.	
54 CITY-ST-ZIP	Thomasville, GA 31792	
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE: J. Michael Caulley, Jr. 4/3/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #