

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 # **G38634** (3)

1. Corporation Name

THE WHISPERING EAGLE PRESS, INC.



Principal Place of Business

Mailing Address

**4420 NW 70 TERR
GAINESVILLE FL 32606
US**

**4300 N.W. 23RD AVE.
P. O. BOX 147050
GAINESVILLE FL 32606-6541**

3. Date Incorporated or Qualified

05/17/1983

3a. Date of Last Report

01/31/1995

4. FEI Number

59-2316128

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

2a. Mailing Address

21. State, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. 25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LATTIMER, RICHARD L.
4420 N.W. 70TH TERR.
GAINESVILLE FL 32606**

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 607.0532 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 of person named as registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME: **P
LATTIMER, RICHARD
4420 NW 70TH TERR.
GAINESVILLE FL
VP**

1.2 TITLE ☐ DELETE

NAME: **LATTIMER, ALICE F.
4420 N.W. 70TH TERRACE
GAINESVILLE FL**

1.3 TITLE ☒ DELETE

NAME: **SECRETARY
ELIZABETH ANN BRITT
4122 N.W. 59TH TERRACE
GAINESVILLE, FL 32606**

1.4 TITLE ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY-STATE-ZIP: ☐ DELETE

TITLE: ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY-STATE-ZIP: ☐ DELETE

TITLE: ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY-STATE-ZIP: ☐ DELETE

TITLE: ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY-STATE-ZIP: ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 attached statement of change.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/96 904-377-8262

CR2E034 (12/95)