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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G42859** (0)

1. Corporation Name

WHITNEY CONSTRUCTION & DESIGN, INC.



Principal Place of Business

Mailing Address

16 CAMINO CARUSO
SANTA FE NM 87501
US

16 CAMINO CARUSO
SANTA FE NM 87501
US

2. Principal Place of Business

2a. Mailing Address

21 505 N. ORLANDO AVE

26 505 N. ORLANDO AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4TH FLOOR

27 4TH FLOOR

City & State

City & State

23 COCOA BEACH, FL

28 COCOA BEACH, FL

Zip

Country

Zip

Country

24 32931

25

29 32931

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITNEY, BARBARA
2100 N. ATLANTIC AVE. PH#1
COCOA BEACH FL 32931

81 Name

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

505 N. ORLANDO AVE

83

4TH FLOOR

84

CITY COCOA BEACH

FL

85

Zip Code 32931

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation, if applicable

(NOTE: Registered Agent signature required when reinstating)

Barbara Whitney

4/26/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PST
WHITNEY, BARBARA
2100 N. ATLANTIC AVE.
COCOA BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
WHITNEY, BARBARA
2100 N. ATLANTIC AVE.
COCOA BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

505 N. ORLANDO AVE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

505 N. ORLANDO AVE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Whitney 4/26/96

Date

Daytime Phone #

(505)

989-9546

CR2E034 (12/95)