

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 10 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 # **G42859** (0)

1. Corporation Name  
**WHITNEY CONSTRUCTION & DESIGN, INC.**



Principal Place of Business

**505 NORTH ORLANDO AVENUE  
4TH FLOOR  
COCOA BEACH FL 32931  
US**

Mailing Address

**505 NORTH ORLANDO AVENUE  
4TH FLOOR  
COCOA BEACH FL 32931-3166  
US**

3. Date Incorporated or Qualified  
**06/08/1983**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business  
21 **1800 W. Hibiscus Blvd**

2a. Mailing Address  
26 **Post Office Box 1870**

Suite, Apt. #, etc.  
22 **Suite 138**

Suite, Apt. #, etc.  
27

City & State  
23 **Melbourne, FL**

City & State  
28 **Melbourne, FL**

Zip  
24 **32901** Country  
25 **USA**

Zip  
29 **32902** Country  
30 **USA**

4. FEI Number  
**59-2303168**

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

9. Name and Address of Current Registered Agent

**WHITNEY, BARBARA  
505 NORTH ORLANDO AVENUE  
4TH FLOOR  
COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent

81 Name **Jack A. Kirschenbaum**  
82 Street Address (P.O. Box Number is Not Acceptable) **1800 West Hibiscus Blvd.**  
83 **Suite 138**  
84 City **Melbourne** FL 85 Zip Code **32901**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-4-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITNEY, BARBARA</b>	
STREET ADDRESS	<b>505 NORTH ORLANDO AVENUE</b>	
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHITNEY, BARBARA</b>	
STREET ADDRESS	<b>505 NORTH ORLANDO AVE</b>	
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Whitney, Barbara</b>	
1.3 STREET ADDRESS	<b>18 Camino Caruso</b>	
1.4 CITY-ST-ZIP	<b>Santa Fe, New Mexico 87501</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 checked, or on an attachment with an address.

SIGNATURE:

**Jack A. Kirschenbaum**

2-4-97

407-727-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0100000

CR2E034 (9/96)