

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G48837 (0)**

1. Corporation Name  
**WHETSTONE CANDY COMPANY, INC.**



Principal Place of Business: **2 COKE ROAD ST. AUGUSTINE FL 32086**  
Mailing Address: **2 COKE ROAD ST. AUGUSTINE FL 32086**

3. Date Incorporated or Qualified: **07/14/1983**  
3a. Date of Last Report: **02/27/1995**  
4. FEI Number: **59-2310792**  
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**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**WHETSTONE, VIRGINIA ANN  
2 COKE RD.  
ST AUGUSTINE FL 32086**

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 the person signing and the date (place)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>WHETSTONE, VIRGINIA ANN</b>	
STREET ADDRESS	<b>282 ST GEORGE ST</b>	
CITY - ST - ZIP	<b>ST AUGUSTINE, FL 00000</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>WHETSTONE, HENRY M, JR</b>	
STREET ADDRESS	<b>140 PELICAN REEF DR.</b>	
CITY - ST - ZIP	<b>ST AUGUSTINE, FL 00000</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>WHETSTONE, ESTHER S</b>	
STREET ADDRESS	<b>282 ST GEORGE ST</b>	
CITY - ST - ZIP	<b>ST AUGUSTINE, FL 00000</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>WHETSTONE, HENRY M, SR</b>	
STREET ADDRESS	<b>282 ST GEORGE ST</b>	
CITY - ST - ZIP	<b>ST AUGUSTINE, FL 00000</b>	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>2 St. Augustine Blvd</b>
1.4 CITY - ST - ZIP	
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Virginia Ann Whetstone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/96

DATE/TIME/PHONE #

CR2E034 (3/96)