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FILED

**May 14 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 # 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 32086-5764**

3. Date Incorporated or Qualified: **07/14/1983**
3a. Date of Last Report: **06/13/1996**
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, 22, 23
2a. Mailing Address: 26, 27, 28, 29, 30
21. Suite, Apt. #, etc.
22. City & State
23. Zip, Country

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
85. Zip Code: **FL**

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: _____ DATE: _____
Signature typed or printed in block of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WHETSTONE, VIRGINIA ANN		1.2 NAME	
STREET ADDRESS: 2 ST. AUGUSTINE RD.		1.3 STREET ADDRESS	
CITY- ST- ZIP: ST AUGUSTINE, FL 00000		1.4 CITY- ST- ZIP	
TITLE: DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WHETSTONE, HENRY M, JR		2.2 NAME	
STREET ADDRESS: 140 PELICAN REEF DR.		2.3 STREET ADDRESS: 400 OLD QUARRY ROAD	
CITY- ST- ZIP: ST AUGUSTINE, FL 00000		2.4 CITY- ST- ZIP	
TITLE: DS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WHETSTONE, ESTHER S		3.2 NAME	
STREET ADDRESS: 282 ST GEORGE ST		3.3 STREET ADDRESS	
CITY- ST- ZIP: ST AUGUSTINE, FL 00000		3.4 CITY- ST- ZIP	
TITLE: DT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WHETSTONE, HENRY M, SR		4.2 NAME	
STREET ADDRESS: 282 ST GEORGE ST		4.3 STREET ADDRESS	
CITY- ST- ZIP: ST AUGUSTINE, FL 00000		4.4 CITY- ST- ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY- ST- ZIP:		5.4 CITY- ST- ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY- ST- ZIP:		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, changed, or on an attachment with an address.

SIGNATURE: *Virginia Whetstone* **4/24/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)