FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FLORIDA PROFIT/NON-PROFIT CORPORATION ANNUAL REPORT

1995

Filed
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 23 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G82785 (8)

1. Current Name
THE WHITIFF CORPORATION

Principal Place of Business	Mailing Address
1075 MASON AVENUE DAYTONA BEACH FL 32117	1075 MASON AVENUE DAYTONA BEACH FL 32117

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/01/1984
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-2445977 ☐ 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

GILLESPY, THURMAN, JR., M.D.
1075 MASON AVENUE
DAYTONA BEACH FL 32117

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 _____ DATE
(If changing registered agent, registered agent must sign above. NOTE: Registered Agent's signature required when reinstated.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	ST	11 TITLE	☐ Change ☐ Addition
12 NAME	GILLESPY JR., THURMAN	12 NAME	
13 STREET ADDRESS	880 JOHN ANDERSON DRIVE	13 STREET ADDRESS	
14 CITY-ST-ZIP	ORMOND BCH FL	14 CITY-ST-ZIP	
21 TITLE	P	21 TITLE	☐ Change ☐ Addition
22 NAME	SHOEMAKER, JAMES R	22 NAME	
23 STREET ADDRESS	77 W GRANADA BLVD	23 STREET ADDRESS	
24 CITY-ST-ZIP	ORMOND BCH FL	24 CITY-ST-ZIP	
31 TITLE	ST	31 TITLE	☐ Change ☐ Addition
32 NAME	GILLESPY, THURMAN JR.	32 NAME	
33 STREET ADDRESS	880 JOHN ANDERSON DR.	33 STREET ADDRESS	
34 CITY-ST-ZIP	ORMOND BEACH FL	34 CITY-ST-ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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)(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 above, or on an attachment with an address.

SIGNATURE: _____ FEB, 22, 1995 904-258-3351, EXT 135
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN Date Daytime Phone #
THURMAN GILLESPY, JR., M. D.

0000473 CP