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Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H47844 (6)

1. Corporation Name
R.W. WHITEHEAD ENTERPRISES, INC.

Principal Place of Business
1490 ALAMANDER AVE.
ENGLEWOOD FL 34223-6219

Mailing Address
1490 ALAMANDER AVE.
ENGLEWOOD FL 34223-6219



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1985

4. FEI Number

59-2522038

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1490 Alamander Ave
Suite, Apt. #, etc.

22 City & State
Englewood FL

23 Zip
34223

24 Country
Sanasota

2a. Mailing Address

26 1490 Alamander Ave
Suite, Apt. #, etc.

27 City & State
Englewood FL

28 Zip
34223

29 Country
Sanasota

9. Name and Address of Current Registered Agent

DICKINSON, ROBERT A.
480 S. INDIANA AVE.
ENGLEWOOD FL 33533

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WHITEHEAD, R.W.
STREET ADDRESS 1490 ALAMANDER AVE.
CITY-ST-ZIP ENGLEWOOD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary
1.2 NAME Donavan Whitehead
1.3 STREET ADDRESS 1470 Alamander Ave
1.4 CITY-ST-ZIP Englewood, FL 34223

2.1 TITLE Treasurer
2.2 NAME Joseph Whitehead
2.3 STREET ADDRESS 1470 Alamander Ave
2.4 CITY-ST-ZIP Englewood, FL 34223

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 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 changed, or on an attachment with an address.

SIGNATURE:

R.W. Whitehead

1/16/98

941-474-5941

CR2E034 (10/97)