FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 PM 12:53

DOCUMENT # J13813 (7)

1. Corporation Name
WHISTLING PINES, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 666 EUSTIS FL 32727	POST OFFICE BOX 666 EUSTIS FL 32727

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/12/1986
3a. Date of Last Report: 01/26/1994

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

4. FEI Number: 59-2669446 ☐ 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

ENTORF, DOROTHY A.
1648 LOVES POINT DR.
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 33627 Overton Drive.
83
84 City: Leesburg FL 85 Zip Code: 34748

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: Dorothy A. Entorf — 1-12-95
Signature, typed or printed name of individual signing and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	☑ Change ☐ Addition
NAME	ENTORF, DOROTHY A.	1.2 NAME	
STREET ADDRESS	1648 LOVES POINT DR.	1.3 STREET ADDRESS	33627 Overton Drive
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	Leesburg, FL. 34748
TITLE	TD	2.1 TITLE	☑ Change ☐ Addition
NAME	ENTORF, RICHARD C.	2.2 NAME	
STREET ADDRESS	1648 LOVES POINT DR.	2.3 STREET ADDRESS	33627 Overton Drive
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	Leesburg, FL. 34748
TITLE	VPD	3.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, HORACE E.	3.2 NAME	
STREET ADDRESS	34800 COUNTY ROAD 437	3.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BURNSED, R. DEWEY	4.2 NAME	
STREET ADDRESS	1000 WEST MAIN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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 if changed, or on an attachment with an address.

SIGNATURE: Dorothy A. Entorf — 1-12-95 — 904-357-6656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0414405 FP