FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUN I. Corporation N WHISNA		\ /						
Principal Place o		Mailing Address			I (BRIEID BIII DIDIB HOIL GEID) 11910		II B 1896 B 1911	41814 81811 1881
% I. E. WHISNANT 717 12TH ST. WEST BRADENTON FL 34205		% I. E. WHISNANT 717 12TH ST. WEST BRADENTON FL 34205		3. Date incorporated or Qualified	3a . Date	of Last Ro	pod	
					11/05/1986	0.	1/13/19	95
Principal Plac	e of Business	2a. Mailing Address			4. FET Number 59-2738570			Applied For Not Applicable
Suite, Apt. #,	oto	26						Additional
Suite, Apr. #,	etc.	27			5. Certificate of Status Desired			Required
City & State		City & State	├- ─┐ ˙		6. Election Campaign Financing \$5.00 M Trust Fund Contribution Added to			
7io	Country	28 Zip	Country		This corporation has liability for in			
Zip	25	29	30		Florida Statutes 🔲 Yes	□No		
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered A	Agent	
			81	Name				
WHISNA	NT, 1. E. H ST. WEST		82	Street Add	ress (P.O. Box Number is Not Acceptable	e)		
	TON FL 34205		83					
UIVDLIY	1101116 01200		84	City			85 Zg	Code
				,	ration submits this statement for the purp	FL		
2.	Ignature, typed or printed name of registered ag OFFICERS A	ent and title if applicable (NI ND DIRECTORS	13.	it signature respons	ADDITIONS/CHANGES TO OFF)		DIRECTO	RS IN 12
ITLE IAME	WHISNANT, I. E.	בן מנניני	1.2 NAME	İ		_	_ ,	_
TREET ADDRESS	717 12TH ST. WEST		13STREE	ADORESS				
ITY-ST-ZIP	BRADENTON FL		1.4 CHY-ST-ZIP 2-1 THLE				Criange	Addition
TLE	D MALIONANT EAE D	DELETE		1		L	_1 change	L] Addition
AMÉ	WHISNANT, FAE R. 717 12TH ST. WEST		2.2 NAME 2.3 STREE	LADDRESS				
TREET ADDRESS	BRADENTON FL		2.5 SINCE 2.4 DITY-5					
TLE		DELETE	3 1 TITLE] Change	☐ Addition
AME			3.2 NAME	İ				
TREET ADDRESS				1 ADDRESS				
ITY - S1 - ZIP	☐ DELETE		3.4 CITY - : 4. 1 TILLE	ST - ZIP		ſ	Change	☐ Addition
TLE AME			4. 1 111LC			_		
TREET ADDRESS			i i	LADDRESS				
ITY-ST-ZIP			4.4 CHY-	ST-71F				
ITLE	[] DELETE		5 1 TITLE			[_] Change	☐ Addition
AME			5.2 NAME	I ADDRESS				
TREET ADDRESS			5 3 STHEE 5 4 CHY-	LADDRESS ST. 7IP				
HTY - ST - ZIP	DELETE		6. 1 TITLE			3	Change	Add tion
IAME		-	6.2 NAME					
STREET ADDRESS			6 3 STREE	LADDRESS				
DITY - \$1 - ZIP		Just this thee is about to	6 4 CITY -	ST-ZIF	for the exemption stated in Section 119.	07(3)(k) Ek	orida Statu	les. I further
certify that	the information indicated on this at am an officer or director of the co Block 12 or Block 13 if changed,	nnual report or supplemental an rporation or the receiver or trust	nuai report is tr ee erripowered		rate and that my signature shall have the his report as required by Chapter 607, Fi January 17,	orida Statut	tes; and th	