

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
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 # J50806 (5)
1. Corporation Name
WHISPER CREEK, INC.



Principal Place of Business Mailing Address
1980 HICKORY DR 1980 HICKORY DR
LABELLE FL 33935 LABELLE FL 33935

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/31/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0029301	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CAVIN, LEO J.
1600 POLLYWOG DRIVE
LABELLE FL 33935

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

Signature, typed or printed name of registered agent 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAVIN, LEO J.	1.2 NAME	
STREET ADDRESS	1600 POLLYWOG DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSON, CHERI (1ST)	2.2 NAME	
STREET ADDRESS	571 SHADOW LN.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEY, JUANITA M.	3.2 NAME	
STREET ADDRESS	RT. 1 BOX 1510	3.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	3.4 CITY-ST-ZIP	
TITLE	OVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEY, WALTER A	4.2 NAME	
STREET ADDRESS	RT. 1 BOX 1510	4.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	4.4 CITY-ST-ZIP	
TITLE	DVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTEN, DARRELL L	5.2 NAME	
STREET ADDRESS	571 SHADOW LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	5.4 CITY-ST-ZIP	
TITLE	DEVP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVIN, MARJORIE J	6.2 NAME	
STREET ADDRESS	1600 POLLYWOG DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	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: Juanita M Shirley, Director, 1/15/98 (941) 675-6888

CR2E034 (10/97)