

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K68160 (6)

1. Corporation Name

WHISPERING PINES REALTY INC.



Principal Place of Business

Mailing Address

**XXXXXXXXXX
XXXXXXXXXX
XXXX**

**XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX**

2. Principal Place of Business

2a. Mailing Address

21 5522 Oak Crossing Drive

26 5522 Oak Crossing Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

Zip

Country

Zip

Country

24 32244

25 USA

29 32244

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/24/1989

3a. Date of Last Report

02/14/1995

4. FET Number

59-2935681

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

10. Name and Address of New Registered Agent

**KING, DAVID A.
ATTORNEY AT LAW
1416 KINGSLEY AVE
ORANGE PARK FL 32073**

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 607.1503, 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 of individual registered agent and then applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**DPT
PETTY, SHERRY LEE
3809 LAVISTA CIRCLE UNIT 209
JACKSONVILLE FL**

TITLE ☐ DELETE

**DVS
MCSWAIN, BETH ANN
2060 BROWARD ROAD
JACKSONVILLE FL**

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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