## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (6)K68160 DOCUMENT # WHISPERING PINES REALTY INC. Mailing Address Principal Place of Business KACKDADATROOCKRANGKOROOKOKORATEUKXX MACHINEXIKKUNX XXXXIADGGCHXXXXIADADHXXXX MICHIGANIMIXIK POXIMINAX MONTH PROPERTY. 3. Date Incorporated or Qualified 3a. Date of Last Report 02/24/1989 02/14/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2935681 Not Applicable 5522 Oak Crossing Drive 5522 Oak Crossing Drive \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing City & State \$5.00 May Be Jacksonville, FL Trust Fund Contribution Jacksonville, FL Added to Fees tax under s 199.032 8. This corporation has liability for intance Country Zφ Florida Statutes Yes 30 32244 USA 32244 25 USA 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) KING, DAVID A. 82 ATTORNEY AT LAW 83 1416 KINGSLEY AVE **ORANGE PARK FL 32073** Zip Code City 11. Pursuant to the provisions of Sections 697,0502 and 607,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florid C Such charge was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607,0505, Fiorida Statutes. Signature, Typed or printed name, Of rejectered agent and resert up pleable [NOTE Registered Agent signal increasing) when redistating? (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIFFLOTORS [1] Charige Addition DELETE 1 1 1 I I I F TATLE CR2E034 1.2 NAME NAME PETTY, SHERRY LEE 13 STREET ADDRESS 3809 LAVISTA CIRCLE UNIT 209 STREET ADDRESS JACKSONVILLE FL 140/F-S1 ZP CITY - ST- ZIP Addition DELETE 2 1 TULE Change TITLE 2.2 NAME MCSWAIN, BETH ANN NAME 2060 BROWARD ROAD 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 2.4 City St-Zir CITY - ST - ZIF Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY ST-ZIP CITY -ST-ZIP ☐ Addition DELETE 4.1 TiltE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY ST-ZIP CITY-ST-ZIP DELETE Change ☐ Add-tion 5 1 Tifle TiT.€ 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CHY ST-209 CITY-ST-ZIP Addition DELETE ☐ Change 6 1 HILF THILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY 51-7IP DITY - 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)(k). 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 trusted 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:

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MONING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAMES

Daytime Phone #