


May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K68160 (6)

1. Corporation Name
WHISPERING PINES REALTY INC.

Principal Place of Business
5522 OAK CROSSING DRIVE
JACKSONVILLE FL 32244
US

Mailing Address
5522 OAK CROSSING DRIVE
JACKSONVILLE FL 32244
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 P.O. Box 918
27 Suite, Apt. #, etc.
28 Orange Park, FL
29 32073 30 USA

3. Date Incorporated or Qualified
02/24/1989
3a. Date of Last Report
05/01/1996
4. FEI Number
50-2935681
5. Certificate of Status Desired
X \$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
KING, DAVID A
ATTORNEY AT LAW
1414 LONGSKY DRIVE
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent
81 Name
Phillip D. Yonge
82 Street Address (P.O. Box Number is Not Acceptable)
83 5522 Oak Crossing Drive
84 City Jacksonville FL 85 Zip Code 32244

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
Phillip D. Yonge
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPT
PETTY, SHERRY LEE
3809 LAVISTA CIRCLE UNIT 209
JACKSONVILLE FL
DVS
MCSWAIN, BETH ANN
2080 BROWARD ROAD
JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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
Signature and Typed or Printed Name of Filing Officer or Director
Date
Daytime Phone #