FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K92729 (8)

1. Corporation Name
WHCO, INC.

Principal Place of Business	Mailing Address
C/O JOHN H. WILLIAMS JR. 413 NORTH VENTURI AVENUE CRYSTAL RIVER FL 34429 US	C/O JOHN H. WILLIAMS JR. 413 NORTH VENTURI AVENUE CRYSTAL RIVER FL 34429 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/05/1989	3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-2951407	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29: 34429 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLIAMS, JOHN H. JR. 413 NORTH VENTURI AVENUE CRYSTAL RIVER FL 32629	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL / 85 Zip Code: 34429

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☒ Addition
NAME	WILLIAMS, JOHN H. JR.	1.2 NAME	
STREET ADDRESS	413 N. VENTURI AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	1.4 CITY-ST-ZIP	34429
TITLE	V	2.1 TITLE	☐ Change ☒ Addition
NAME	WILLIAMS, DINAH	2.2 NAME	
STREET ADDRESS	413 N. VENTURI AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	2.4 CITY-ST-ZIP	34429
TITLE	V	3.1 TITLE	☐ Change ☒ Addition
NAME	WILLIAMS, LOUIS J.	3.2 NAME	
STREET ADDRESS	1101 ROLLING WOODS LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	33813
TITLE	ST	4.1 TITLE	☐ Change ☒ Addition
NAME	WILLIAMS, JOHN H. JR.	4.2 NAME	
STREET ADDRESS	413 N. VENTURI AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	4.4 CITY-ST-ZIP	34429
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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)(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: John H. Williams President 4/19/95 904-795-3212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0961012 CP