


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

FILED
May 15 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 # L85497 (0) 1. Corporation Name WHISTLE PIG, INC.					

Principal Place of Business C/O JEFFREY C. SHANNON 501 E KENNEDY BLVD. S-1700 TAMPA FL 33602	Mailing Address C/O JEFFREY C. SHANNON 501 E KENNEDY BLVD. S-1700 TAMPA FL 33602
---	---



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 07/02/1990	
4. FEI Number 59-3024595	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SHANNON, JEFFREY C. 501 E KENNEDY BLVD. S-1700 TAMPA FL 33602	
---	--

10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip Code	FL

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	
TITLE	DVT <input type="checkbox"/> DELETE
NAME	EDWARDS, JOSEPH E., III
STREET ADDRESS	502 MAIN STREET, #210
CITY-ST-ZIP	CARBONDALE CO 81623
TITLE	DV <input type="checkbox"/> DELETE
NAME	HERNDON, HOWARD W.
STREET ADDRESS	4430 TYNE BLVD
CITY-ST-ZIP	NASHVILLE TN 37215
TITLE	DS <input type="checkbox"/> DELETE
NAME	SHANNON, JEFFREY C.
STREET ADDRESS	501 E KENNEDY BLVD #1700
CITY-ST-ZIP	TAMPA FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	LACKEY, RAYMOND D.
STREET ADDRESS	5821 BEAUREGARD DR
CITY-ST-ZIP	NASHVILLE TN 37215
TITLE	VD <input type="checkbox"/> DELETE
NAME	REYNOLDS, ROBERT C.
STREET ADDRESS	3145 W. ROXBORO RD
CITY-ST-ZIP	ATLANTA GA 30324
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V/D REYNOLDS, ROBERT C.
5.3 STREET ADDRESS	703 ARUNDEL PLACE
5.4 CITY-ST-ZIP	ANNAPOLIS, MARYLAND 21401
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VID EVANS, DAVID
6.3 STREET ADDRESS	6026 ROSE AVENUE
6.4 CITY-ST-ZIP	HOUSTON, TX 77007

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.

CR2E034 (10/97)