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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

•	JAL REPORT 1998	Secretary of State DIVISION OF CORPORATIONS			Secretary of State
DOCU 1. Corporatio	MENT # M9565	0 (1)			
WHIRL	ee enterprises, inc.				
Principal Plac	e of Business	Mailing Address			
% FOREST J. SHUTT % FOREST J. SHUTT					
2612 EXCHAN	NGE AVE.	2612 EXCHANGE AVE.			DO NOT WRITE IN THIS SPACE
LAKELAND FI	L 338U1	LAKELAND FL 33801			3. Date Incorporated or Qualified
					08/19/1988
	Place of Business	2a. Mailing Address			4. FEI Number Applied For
Suite, Apt.	# pic		Suite, Apt. #, etc.		59-2906979 Not Applicable
22	#, 01 0.	27			5. Certificate of Status Desired Fee Required
City & Stat	ө	City & State			6. Election Campaign Financing \$5.00 May Be
23		28	, 		Trust Fund Contribution
Zip	Country	Zip	Coun	itry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 Name and Address of Curren	29 It Registered Agent	30		Personal Property Tax due June 30. 🐹 Yes 🔲 No
SH	UTT, FOREST J.		1	B1 Nam	ame
	12 EXCHANGE AVE.		ļ.	B2 Stree	reet Address (P.O. Box Number is Not Acceptable)
	KELAND FL 33801				
			8	B3	
			1	84 City	y FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statute	es, the abr	ove-namo	med corporation submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the State	of Florida, Such change was a	authorized	by the core	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	and the same and t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Signature, typed or printed name of registered ager			Agent signal	nature required when reinstating) DATE
12.	OFFICERS AND	DELETE	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	SHUTT, FOREST J.	D Secret	1.2 NAM		Change - Addition
STREET ADDRESS	2612 EXCHANGE AVE.			rie Bet addres	ESS
CITY-ST-ZIP	LAKELAND FL		- E	Y-ST-ZIP	
TITLE	STD	☐ DELETE	2.1 1111	Æ	☐ Change ☐ Addition
NAME	ABERCROMBIE, JAMES E.		2 2 NAW	ΛE	
STREET ADDRESS	469 MOHAWK AVE.		2.3 STR	EET ADDRES	ESS
CITY-ST-ZIP	LAKELAND FL	DELETE		Y-ST-ZIP	······································
TITLE NAME		ר"ו הנרבוב	3.1 TITL 3.2 NAM		Change Addition
STREET ADDRESS				ME EET ADDRES	FSS
CITY-ST-ZIP				Y-ST-ZIP	
TITLE		☐ DELETE	4.1 TITU		Change Addition
NAME			4. 2 NAN	ME	
STREET ADDRESS			4.3 STR/	EET ADDRES	ESS
CITY-ST-ZIP		T prieze		Y - ST - ZIP	·
TITLE		DELETE	5.1 TITL		Change Addition
NAME			5.2 NAM		
STREET ADDRESS CITY-ST-ZIP				IEET ADDRES Y-ST-ZIP	§
TITLE		☐ DELETE	6.1 TITU		Change Addition
NAME			6.2 NAM		
STREET ADDRESS			li	EET ADDRES	ESS
DITY-ST-21P			6.4.000	v . CT . 7IP	

14. I hereby certify that the information supplied with this filling 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 accounted 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 apport 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 fan address.

FILED

Apr 03 1998 8:00am