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 MAY 11 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P16016** **(8)**

1. Corporate Name
BLACK WHALE, INC. OF NEW JERSEY

Principal Place of Business
450 CENTRE STREET
BEACH HAVEN NJ 08008

Mailing Address
450 CENTRE STREET
BEACH HAVEN NJ 08008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/18/1987**
3a. Date of Last Report: **07/05/1994**

2. Principal Place of Business — 21
Suite, Apt. # or Bldg. — 22
City & State — 23
24 25

2a. Mailing Address — 26
Suite, Apt. # or Bldg. — 27
City & State — 28
29 30

4. FEI Number: **22-2064010** ☐ 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

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WHITCRAFT, DEBORAH C.
235 CAROLINA AVENUE
FORT MYERS FL 33931

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0501, 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. The 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 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS
TITLE	PTD	☐ Change ☐ Addition
NAME	WHITCRAFT, DEBORAH C.	
STREET ADDRESS	450 CENTRE STREET	
CITY-ST-ZIP	BEACH HAVEN NJ	
TITLE	VSD	☐ Change ☐ Addition
NAME	YATES, ROBERT R.	
STREET ADDRESS	450 CENTRE STREET	
CITY-ST-ZIP	BEACH HAVEN NJ	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. To the best of my knowledge, the information supplied with this report is complete and accurate. I am executing this report in accordance with Section 607.0502, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: Deborah C. Whitcraft 5-2-95 609-492-0387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0478381 FP