

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90157 006 ***300.00

DOCUMENT # P33010

1. Corporation Name
WHIBCO, INC.

Principal Place of Business
6811 BELVEDERE RD.
WEST PALM BEACH FL 33413

Mailing Address
87 E. COMMERCE ST.
BRIDGETON NJ 08302

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/04/1991

4. FEI Number

13-5592939

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

SJOGREN, WALTER R. SR.
191 SHELTER LANE
JUPITER INLET COLONY FL 33469

10. Name and Address of New Registered Agent

81 Name

Michael D. Brown, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)

Brown & Associates, P.A.

83

2655 N. Ocean Drive, Suite 200

84 City

Riviera Beach

FL

85 Zip Code

33404

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

Michael D. Brown Michael D. Brown

3/4/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME SJOGREN, WALTER R SR.
STREET ADDRESS 191 SHELTER LANE
CITY-ST-ZIP JUPITER INLET COLONY FL 33469

TITLE DS ☐ DELETE

NAME SJOGREN, JANE B
STREET ADDRESS 191 SHELTER LANE
CITY-ST-ZIP JUPITER INLET COLONY FL 33469

TITLE PT ☐ DELETE

NAME SJOGREN, WADE R
STREET ADDRESS 87 E. COMMERCE ST.
CITY-ST-ZIP BRIDGETON NJ 08302

TITLE VP ☐ DELETE

NAME SJOGREN, WALTER J
STREET ADDRESS 87 E COMMERCE ST
CITY-ST-ZIP BRIDGETON NJ 08302

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE

Wade R. Sjogren Wade R. Sjogren

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

(609) 455-9200

Date

Daytime Phone #

CR2E034 (1/1/98)

0546308