2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 18, 2001 8:00 am Secretary of State DOCUMENT # P93000067914 1. Entity Name 19 WHITNEY, INC. 04-18-2001 90043 009 ***150.00 Principal Place of Business Mailing Address 19321 US Hwy 19 North, S P. O. Box 17860 Ste 604 Clearwater, FL 33764 Clearwater, FL 33762 2. Principal Place of Business 3. Mailing Address 0. Box 1993 <u>511 Central Park Drive</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Largo, F1. City & State Largo, FL 4. FEI Number Applied For 33779-1993 59-3205513 Not Applicable Country Pinellas Country ^{zip} 3**3779-1**993 \$8.75 Additional 33771 5. Certificate of Status Desired Pinellas Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Barber, Charles F Street Address (P.O. Box Number is Not Acceptable) 1550 S. Highland Avenue Bldg C Clearwater, FL 346165 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DP Change ☐ Addition TITLE Delete TITLE NAME NAME Stone, J. O. STREET ADDRESS 19321C US Hwy 19 North, Suite 604 STREET ADDRESS 511 Central Park Drive CITY-ST-ZIP CITY-ST-ZIP Clearwater, FL 33764 Largo, FL 33771 ☐ Delete TITLE Change Addition NAME NAME Barber, Charles F. STREET ADDRESS STREET ADDRESS 1550 S. Highland Avenue Bldg. C CITY-ST-ZIP CITY-ST-ZIP Clearwater, FL 33756 ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ***' Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. J. O. Styone, President 4/13/01 (727) 581-3366 SIGNATURES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #