

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 APR 27 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000072239 (5)

1. Corporation Name

WHISPER WINDS GRASSING, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/19/1993
3a. Date of Last Report
04/13/19944. FEI Number
59-3212774
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent

STRAWDER, STEPHANIE
441 OCOEE - APOPKA ROAD
OCOEE FL 34761

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 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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME STRAWDER, STEPHANIE
STREET ADDRESS 441 OCOEE - APOPKA ROAD
CITY - ST - ZIP OCOEE FLTITLE DV
NAME STRAWDER, MARK
STREET ADDRESS 441 OCOEE-APOPKA RD.
CITY - ST - ZIP OCOEE FLTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP2. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP3. TITLE ☐ Change ☐ Addition
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP4. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP5. TITLE ☐ Change ☐ Addition
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP6. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE:

STEPHANIE STRAWDER

407.877-7989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Please Print