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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000019141 (8)

WHG MANAGEMENT, INC.

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Principal Place of Business Mailing Address						
600 SECOND		P.O. BOX 548				
ST PETERSBURG FL 33701 ST PETERSBURG FL 33731					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					03/11/1994	
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address		4. FEI Number	Applied For
์ สา		26			59-3228589	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	\$8.75 Additional	
2		27		5. Certificate of Status Desired Fee Required		
City & State		City & State		8, Election Campaign Financing	\$5.00 May Be	
3		28			Trust Fund Contribution	Added to Fees
Zip	Country	<b>Z</b> ip	Cou	ntry	8. This corporation owes or has paid the cu	rrept year Intangible
i]	25	29	30		Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curre	ent Registered Agent			<ol> <li>Name and Address of New Registered</li> </ol>	Agent
11. Pursuant t	a the prayisions of Sections 607.05	x02 and 607.1508. Florida Si	tatutes, the al	84 City	FL rporation submits this statement for the purpose of	d changing its registered
office or re agent. I ar SIGNATURE	ogistered agent, or both, in the Sta n familiar with, and accept the obli	te of Florida. Such change with gations of, Section 607.0505	vas authorize 5, Florida Stat	d by the corpor utes.	ation's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Signature, typed or printed name of registered a		(NOTE Registere	Agent signature req	uired when reinstating) DATE	
2.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
ITLE	D	☐ DELETE	1.1 TI	TLE		Change Addition
IAME	griffith, william h			ME		
TREET ADDRESS	800 SECOND AVENUE NE			REET ADDRESS	RESS	
CITY - ST - ZIP	ST PETERSBURG FL 33701			TY-ST-ZIP		
TITLE		DELETE	DELETE 2.1 1			Change Addition
<b>LAME</b>			2.2 N	ME		
STREET ADDRESS			2.3 \$1	REET ADDRESS		
CITY-ST-ZIP				ITY-ST-ZIP_		
TITLE	•	☐ DELETE	3.1 TI	TŁ <b>E</b>	<del></del>	☐ Change ☐ Addition

6.4 CITY-ST-ZIP 14. Thereby 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.

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME **5 3 STREET ADDRESS** 

6.1 TITLE

62 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

4/03/88

Change

Change

Addition

Addition

Addition

**FILED** 

May 01 1998 8:00am

Secretary of State

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