

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000056607 (2)

1. Corporation Name

YVONNE D. WHERRETT, INC.



Principal Place of Business

6265 PEACOCK RUN
LAKELAND FL 33809

Mailing Address

6265 PEACOCK RUN
LAKELAND FL 33809

3. Date Incorporated or Qualified
07/29/1994

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

21 7162 Montreal Dr

Suite, Apt. #, etc.

22 City & State

23 Lakeland, FL

24 Zip 33809 25 Country

2a. Mailing Address

26 7162 Montreal Dr

Suite, Apt. #, etc.

27 City & State

28 Lakeland, FL

29 Zip 33809 30 Country

4. FET Number
59-3306380

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 s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WHERRETT, YVONNE
6265 PEACOCK RUN
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name

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

83 7162 Montreal Dr

84 City

Lakeland

FL

85 Zip Code
33809

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Yvonne Wherrett

Date: 1st May 1996

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
D WHERRETT, YVONNE
STREET ADDRESS
6265 PEACOCK RUN
CITY-ST-ZIP
LAKELAND FL 33809

2. TITLE ☐ DELETE

3. TITLE ☐ DELETE

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30. TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1. TITLE ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. STREET ADDRESS ☐ Change ☐ Addition

4. CITY-ST-ZIP ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition

6. NAME ☐ Change ☐ Addition

7. STREET ADDRESS ☐ Change ☐ Addition

8. CITY-ST-ZIP ☐ Change ☐ Addition

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30. NAME ☐ Change ☐ Addition

31. STREET ADDRESS ☐ Change ☐ Addition

32. CITY-ST-ZIP ☐ Change ☐ Addition

33. TITLE ☐ Change ☐ Addition

34. NAME ☐ Change ☐ Addition

35. STREET ADDRESS ☐ Change ☐ Addition

36. CITY-ST-ZIP ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1st May 1996

Daytime Phone #

CR2E034 (12/95)