

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000077612 (7)**

1. Corporation Name

WHISTLE FISH CREATIONS, INC.



Principal Place of Business

**8512 LAKE VISTA CT #8303
ORLANDO FL 32821**

Mailing Address

**8512 LAKE VISTA CT #8303
ORLANDO FL 32821**

3. Date Incorporated or Qualified
10/21/1994

3a. Date of Last Report
04/14/1995

4. FEI Number

59-3281117

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

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

9. Name and Address of Current Registered Agent

**RHODEHAMEL, DOUG
8512 LAKE VISTA CT #8303
ORLANDO FL 32821**

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 607.150a, 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 607.050a, Florida Statutes.

SIGNATURE

(Signature of person submitting report, and person accepting appointment as registered agent, must be signed by the person submitting report.)

(If the Registered Agent signature is required, it must be signed by the Registered Agent.)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**P
RHODEHAMEL, DOUG
8512 LAKE VISTA CT #8303
ORLANDO FL**

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**V
RHODEHAMEL, DEBORAH
8512 LAKE VISTA CT #8303
ORLANDO FL**

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

7. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. 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 119.07(3)(k), 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. I am an officer or director of the corporation or the registrar 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 in an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96

407 827 0325

CR2E034 (12/95)