

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000003074**

1. Corporation Name

**WHISKEY SPRINGS, INC.**

Principal Place of Business

**1205 FOX DEN RD  
APOPKA FL 32712  
US**

Mailing Address

**1205 FOX DEN RD  
APOPKA FL 32712  
US**

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90159 029 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/12/1995**

4. FEI Number

**59-3291774**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

Trust Fund Contribution ☐

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ 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

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

**POPE, NICHOLAS A  
215 NO. EOLA DRIVE  
ORLANDO FL 32801**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLS, RUSSELL L SR.	
STREET ADDRESS	1205 FOX DEN RD	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CARUSO, AUSTIN A JR.	
STREET ADDRESS	100 W PINELOCJ ST	
CITY-ST-ZIP	ORLANDO FL 32856	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CARUSO, JAMES P	
STREET ADDRESS	100 W PINELOCH ST	
CITY-ST-ZIP	ORLANDO FL 32856	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARTON, DONALDSON K SR.	
STREET ADDRESS	1505 EAST COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUGHES, DAVID H	
STREET ADDRESS	20 NORTH ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POPE, NICHOLAS A	
STREET ADDRESS	215 NO. EOLA DRIVE E	
CITY-ST-ZIP	ORLANDO FL 32801	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11 MARCH 99**

Date

Daytime Phone #

CR2E034 (1/98)