

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 # P95000010521 (9)

1. Corporation Name

WHG ENTERPRISES, INC.



Principal Place of Business

801 UNTER DIN LINDEN
FORT MEADE FL 33841

Mailing Address

801 UNTER DIN LINDEN
FORT MEADE FL 33841

3. Date Incorporated or Qualified

02/06/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

23

Zip

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

27. City & State

27

Zip

Country

4. FEI Number

65-0603043

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

GREENE, WILLIAM P
1795 OAKWOOD LOOP AVE. WEST
BARTOW FL 33830

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 ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
GREENE, WILLIAM P
1795 OAKWOOD LOOP AVE. WEST
BARTOW FL 33830

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
GREENE, GORDON M
2116 KINGS CROSSING S.W.
WINTER HAVEN FL 33880

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
GREENE, JOYCE M
801 UNTER DIN LINDEN
FORT MEADE FL 33841

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
BLOCKER, AMY G
P.O. BOX 1137 N/A
FT. MEADE FL 33841

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
BLOCKER, STEVEN C
P.O. BOX 1137 N/A
FT. MEADE FL 33841

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Director
Joyce Greene Cain
801 Unter din Linden
Fort Meade, FL 33841

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; 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:

Joyce Greene Cain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 (941) 285-8300

Date

Daytime Phone #

CR2E034 (12/95)