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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

GREENE, GORDON M.
801 UNTER DIN LINDEN
FORT MEADE FL 33841

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 D ☐ DELETE
NAME GREENE, JANET F.
STREET ADDRESS 1795 OAKWOOD LOOP AVE. WEST
CITY-ST-ZIP BARTOW FL

TITLE D ☐ DELETE
NAME GREENE, GORDON M
STREET ADDRESS 801 UNTER DIN LINDEN
CITY-ST-ZIP FORT MEADE FL

TITLE D ☐ DELETE
NAME CAIN, JOYCE G
STREET ADDRESS 524 NORTH CROOKED LAKE DR.
CITY-ST-ZIP BABSON PARK FL

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

TITLE D ☐ DELETE
NAME BLOCKER, STEVEN C
STREET ADDRESS P.O. BOX 1137 N/A
CITY-ST-ZIP 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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE: Joyce G. Cain, Sec.-Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-98 (941)638-1249

CR2E034 (10/97)