

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000010521

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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90036 022 ***150.00



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

7. This corporation owes the current year's (1998)
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 524 N. Crooked Lake Dr

27 524 N. Crooked Lake Dr

City & State

City & State

23 Babson Park, FL.

28 Babson Park, FL.

Zip Country

Zip Country

24 33827 25 USA

29 33827 30 USA

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

Joyce Greene Cain

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

524 North Crooked Lake Drive

83

84 City

Babson Park

FL

85 Zip Code

33827

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 Joyce Greene Cain, President

Signature, typed or printed name of registered agent, and title if applicable

(NO E: Registered Agent signature required when reinstating

4-23-99

DATE

12. OFFICERS AND DIRECTORS

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

☐ DELETE

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

☒ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: Joyce Greene Cain, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 638-1249

CR2E034 (11/98)