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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000022508 (2) DOCUMENT # WHITTINGTON & ASSOCIATES, INC. Principal Place of Business Mailing Address 618 S.E. 12TH COURT 618 S.E. 12TH COURT SUITE 1 CAPE CORAL FL 33990 CAPE CORAL FL 33990 3. Date Incorporated or Qualified 3a. Date of Last Report 03/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0566614 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WHITTINGTON, HOLLY F Street Address (P.O. Box Number is Not Acce 618 S.E. 12TH COURT SUITE 1 CAPE CORAL FL 33990 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 familiar with, and accept the obligations of Section 207.0505, Florida Statutes.

SIGNATURE

SIGNATURE 2 W luttengton Whittington amue inie of registered agent and title if ep e of registered agent and title if explicate
OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE PRESIDENT/ V.P 1 1 TITLE Change X Addition WHITTINGTON, HOLLY F NAME samuel L. Whittington 1.2 NAME 618 S.E. 12TH COURT STE 1 618 SE 12th CT, Suite 1 STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL 33990 CITY-S1-ZIP 1.4 CITY-ST-ZIP cape Coral FL 33990 Sec. Treas. Holly F. Whittington 618 SE. 12th Ct, Suite 1 TITLE DELETE 2 1 THILE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY - ST - ZIP cape Coral FL 33990 TITLE DELETE 3. 1 TITLE ☐ Change ■ Addition 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CrTY-ST-Z-P 3.4 CITY-ST-ZIP TILLE DELETE 4. 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-7IP 4.4 CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change | ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6. 1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** 6.4 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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60. Florida Statutes; and that my name appears in Block 12 or Block 13 prohanged, or on an attachment with an address.

CR2E034 (12/95)

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