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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000022508 (2)

WHITTINGTON & ASSOCIATES, INC.

	FILEL	)
Apr 25	1997	8:00am
Secre	tary o	f State

Principal Place of Business Mailing Address		T FREEFORD IN FRIEND COLOR COLOR COLOR COLOR CHAIR SIGN COLOR COLO				
618 S.E. 12TH	COURT	618 S.E. 12TH COURT				
SUITE 1		SUITE 1				
CAPE CORAL F	FL 33990	CAPE CORAL FL 33990	-2901		3. Date Incorporated or Qualified	3a. Date of Last Report
		en programa programa	·		03/20/1995	04/29/1996
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	4 010	26 Suite, Apt. #, etc.			65-0566614	Not Applicable
22 Suite, Apr.	. #, QC.	<u>├</u> ¬			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State			6 Flootion Compaign Financing	
23		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Count	У	8. This corporation has liability for in	
24	25	29	30		Florida Statutes	Yes No
	9. Name and Address of Currer	nt Registered Agent		,	10. Name and Address of New Reg	stered Agent
	ttington, samuel l		8	Name		
	SE 12TH CT., SUITE 1		8:	Street Ade	dress (P.O. Box Number is Not Acceptabl	e)
CAP	E CORAL FL 33990					
			8:	3		
ł			8-	City		85 Zip Code
				<u></u>		FL
1 office or i	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such change wa	as authorized t	ov the corner.	rporation submits this statement for the plation's board of directors. I hereby accept	the appointment as registered
SIGNATORE	Signature, typed or printed name of registered age	ent and libe diapplicable (I	NOTE: Registered A	gont signature req	uired when reinstating)	DATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PVP	L DELETE	1.1 TITLE			Change Addition
NAME	WHITTINGTON, SAMUEL L	4	1.2 NAME			
STREET ADDRESS	618 S.E. 12TH COURT, SUITE	1	1.3 STRE	T ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33990	Douest	1.4 CITY-	ST-ZIP		
TITLE	ST HANTINGTON HOLLY F	DELETE	2 1 TITLE			Change Addition
NAME	WHITTINGTON, HOLLY F		2.2 NAME			
STREET ADDRESS	618 S.E. 12TH COURT, SUITE   CAPE CORAL FL 33990	1		1 ADDRESS		
CITY-ST-ZIP TITLE	CATE CONAL PL 33990	DELETE	2 4 CHTY 3 1 THILE	<del></del>		Change Addition
NAME		otti it	32 NAME			Change Madition
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			3.4. CITY			
TITLE		DELETE	4 1 THTLE		······································	Change Addition
NAME		_ ::32:12	4 2 NAM	[		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	- 1		
TITLE		☐ DELETE	5 1 1ITLE	1	·····	Change Addition
NAME		, ,	5.2 NAME			-
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CiTY-			
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS	D€		6.3 STREE	1 ADDRESS		
CITY-ST-ZIP			6.4 CHY-			

14. I do 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.

MONATURE. If dollars Alabertands

4 19-00 011 004 0.00

2E034 (9/96)