FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

23 LARGO Ζıp

24 34643

DOCUMENT #

P95000037295 (9)

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W.H.F. CORPORATION

W.H.F. CORPORATION				
Principal Place of Business Mailing Address		(182(188) 119 1818) 81141 88111 8811	i Bālir Bējās tilet lānia tiēja inta	
713 ISLAND WAY CLEARWATER FL 34630	713 ISLAND WAY CLEARWATER FL 34630			
		3. Date Incorporated or Qualified 05/09/1995	3a. Date of Last Report	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applie	
21/1/00 667 ST. N	26	59-3313779	Not A	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Add	
City & State	City & State	6. Election Campaign Financing	\$5.00 Ma	

9. Name and Address of Current Registered Agent FRAIZER, WILLIAM H 713 ISLAND WAY

CLEARWATER FL 34630

Country

25 PINEHLAS

untry	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Type Yes Yes
1	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 Zıp Code

Trust Fund Contribution

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 Fiorida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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12.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1 1 FILE	THEASURER ALLEN D. FRAIZER 3276 FOX MILL DRIV	☐ Change	Addition
NAME	FRAIZER, WILLIAM H		1.2 NAME	ALLEN DIFFICIAL NAIN	125°	
STREET ADDRESS	713 ISLAND WAY		1.3 STHEET ADDRESS	3×76 /0× 11/2 DX		
C:TY-ST-ZiP	CLEARWATER FL 34630		14 CITY - S1 - ZIP	CLUTANNATING FX 316.		
TITLE		DELETE	2 1 THILF		☐ Change	ncitibbA 🔲
NAME			2.2 NAME			
STREET ADDRESS	•		2.3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY - \$1 - 7IP			
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NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	;		
CITY-ST-ZIP			3.4 CITY - ST - ZIP			
TITLE		☐ DELETE	4 1 THTLE		☐ Change	Add-tion
NAME			4.2 NAME			
STREET ADDRESS			43 STREET ADDRESS			
CITY - ST - ZIP			4.4.CiTY - S1 - ZiP			
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NAME			5.2 NAME			
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CITY - ST - ZIP			5 4 CITY - ST - 7/P			
TITLE		☐ DEFE LE	€ † T-TLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	i		
City St - 7iP			6.4 CITY - ST - ZIP			

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and loses 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 earth, that I am an officer or director of the corporation or the receiver or trusted 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-5462616

CR2E034 (12/95)

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be

Added to Fees