

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

FILED

May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000003196 (8)**

1. Corporation Name  
**WHITFIELD MANOR, INC.**



Principal Place of Business <b>1023 MANATEE AVENUE WEST BRADENTON FL 34205</b>	Mailing Address <b>1023 MANATEE AVENUE WEST BRADENTON FL 34205-7816</b>
---	--

3. Date Incorporated or Qualified <b>01/10/1996</b>	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>410 CORTEZ ROAD WEST</b> Suite, Apt #, etc. 22 <b>SUITE 112</b> City & State 23 <b>BRADENTON</b> Zip 24 <b>34204</b> Country 25 <b>MANATEE</b>	2a. Mailing Address 26 <b>410 CORTEZ ROAD WEST</b> Suite, Apt #, etc. 27 <b>SUITE 112</b> City & State 28 <b>BRADENTON</b> Zip 29 <b>34204</b> Country 30 <b>MANATEE</b>
---	--

9. Name and Address of Current Registered Agent  
**JEWELL, JOHN F  
1023 MANATEE AVENUE WEST  
BRADENTON FL 34205**

81 Name <b>WILLIAM A. THEROUX</b>
82 Street Address (P.O. Box Number Not Acceptable) <b>410 CORTEZ ROAD WEST</b>
83 <b>SUITE 112</b>
84 City <b>BRADENTON</b> FL 85 Zip Code <b>34204</b>

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 *William A. Theroux*

4/24/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D THEROUX, AIMEE G 2712 S.W. 34TH ST. #128 GAINESVILLE FL 32608</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D THEROUX, MAUREEN 4903 PALM AIRE DRIVE SARASOTA FL 34243</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>VD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D KIBBEN, BARBARA 4705-7TH STREET COURT EAST PALMETTO FL 34221</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D DEMIDUKE, ROBERT 2712 S.W. 34TH ST. APT. 128 GAINESVILLE FL 32608</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D THEROUX, WILLIAM 4903 PALM AIRE DRIVE SARASOTA FL 34243</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D KIBBEN, KIRBY 4705 7TH STREET COURT EAST PALMETTO FL 34221</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**100002185961  
-05/21/97--01006--028  
\*\*\*165.00**

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.

SIGNATURE:

*William A. Theroux*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)