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Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96 0000 78213

1. Corporation Name

Whitehill Farms Corp.

Principal Place of Business

Mailing Address

See below (21)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 314 Pameto		26 PO Box 1771		9-20-96	
22 Suite, Apt. #, etc.		27		4. FEI Number	
23 Nokomis, FL		28 Venice, FL		65-0712211	
24 34275		29 34284		5. Certificate of Status Desired	
25 USA		30 USA		☐ N/A	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
John W. Parente				81 Name	
314 Pameto				82 Street Address (P.O. Box Number is Not Acceptable)	
Nokomis, FL 34275				83	
				84 City	
				FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0501 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 duties of the registered agent, Section 607.0505, Florida Statutes.					
SIGNATURE: John W. Parente					
DATE: 4/27/98					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres.	11 TITLE	
NAME	John W. Parente	12 NAME	
STREET ADDRESS	314 Pameto	13 STREET ADDRESS	
CITY-ST-ZIP	Nokomis, FL 34275	14 CITY-ST-ZIP	
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 supplement 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/98

941-480-1071

CR2E034 (10/97)