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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000086596 (9)**

1. Corporation Name
WHISKEY CREEK DEVELOPMENTS, INC.

Principal Place of Business	Mailing Address
277 NO COLLIER BLVD. 2ND FLOOR MARCO ISLAND FL 33937	277 NO COLLIER BLVD. 2ND FLOOR MARCO ISLAND FL 34145-3033

3. Date Incorporated or Qualified: 10/21/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 870 BALD EAGLE DR	26 870 BALD EAGLE DR
Suite, Apt. #, etc 22 STE 1B	Suite, Apt. #, etc 27 STE 1B
City & State 23 MARCO ISL FL	City & State 28 MARCO ISL FL
Zip 24 34145 Country 25 USA	Zip 29 34145 Country 30 USA

4. FEI Number: 65-0705422 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

REINDERS, JAMES M
277 NO COLLIER BLVD. 2ND FLOOR
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name: REINDERS, JAMES M
82 Street Address (P.O. Box Number is Not Acceptable): 870 BALD EAGLE DRIVE
83 STE 1B
84 City: MARCO IS FL 85 Zip Code: 34145

11. Pursuant to the provisions of Sections 607.0505 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: James Reinders 3/11/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's 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	☐ DELETE	1.1 TITLE: P/AS/D 1.2 NAME: REINDERS, JAMES M 1.3 STREET ADDRESS: 870 Bald Eagle Dr Ste 1B 1.4 CITY-ST-ZIP: Marco Isl FL 34145	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE: ~~BAILEY, C. FRED~~ 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE: V/D 3.2 NAME: BAILEY, C. FRED 3.3 STREET ADDRESS: 870 Bald Eagle Dr Ste 1B 3.4 CITY-ST-ZIP: Marco Isl FL 34145	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE: V/S/T/D 4.2 NAME: SNYDER WILLIAM F 4.3 STREET ADDRESS: 870 Bald Eagle Dr Ste 1B 4.4 CITY-ST-ZIP: Marco Isl FL 34145	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	☐ Change ☐ Addition

CR2E034 (9/96)

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 added on an attachment with an address.

SIGNATURE: James Reinders JAMES M. REINDERS, PRESIDENT 3/11/97 941 389 1113