

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S85088

(0)

1. Corporation Name
WHISTCO, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 20 AM 9:51

Principal Place of Business

**625 GRANADA AVE.
VENICE FL 34285**

Mailing Address

**625 GRANADA AVE.
VENICE FL 34285**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/01/1991** 3a. Date of Last Report **07/11/1994**

4. FEI Number **59-3087994** 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**

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

2. Principal Place of Business

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Suite, Apt. #, etc.

City & State

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Zip

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Country

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2a. Mailing Address

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Suite, Apt. #, etc.

City & State

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Zip

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Country

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9. Name and Address of Current Registered Agent

**LIEBERMAN, ANN M.
625 GRANADA AVE.
VENICE FL 34285**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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84 City

FL

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Zip Code

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

D

**LIEBERMAN, ANN M.
625 GRANADA AVE.
VENICE FL**

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

TITLE

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STREET ADDRESS

CITY, ST., ZIP

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST., ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does 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 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: *Ann M. Lieberman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-95 (94) 485-7387
DATE (Month/Year) TELEPHONE

CR2E034 (3/95)