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95 APR 27 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000057102 (3)
1. Corporation Name
WHIRLING DERVISH ENTERPRISES, INC.

Principal Place of Business Mailing Address
6320 ST. AUGUSTINE ROAD, BLDG. 8 JACKSONVILLE FL 32217
6320 ST. AUGUSTINE ROAD, BLDG. 8 JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/02/1994** 3a. Date of Last Report **INITIAL REPORT**

4. FEI Number **59-3260536** 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

2. Principal Place of Business 2a. Mailing Address

21 **413 S. 1ST. ST.** 26 **P.O. BOX 50682**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **#402** 27
City & State City & State

23 **JACKSONVILLE BEACH, FL** 28 **JACKSONVILLE BEACH, FL**
Zip Country Zip Country

24 **32250-6708** 25 **DUVAL** 29 **32240-0682** 30 **DUVAL**

9. Name and Address of Current Registered Agent
**LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **SHERWOOD L. BUGG**

82 Street Address (P.O. Box Number is Not Acceptable) **413 S. 1ST. ST.**

83

84 City **JACKSONVILLE BEACH FL** 85 Zip Code **32250**

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 607.1505, Florida Statutes.

SIGNATURE *Sherwood L. Bugg* **SHERWOOD L. BUGG** **4-24-95**
Serial or typed or printed name of registered agent and his or her signature (NOTE: Registered Agent signatures required when mandatory) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BUGG, SHERWOOD L
STREET ADDRESS	6320 ST. AUGUSTINE ROAD, BLDG. 8
CITY-ST-ZIP	JACKSONVILLE FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHERWOOD L. BUGG
1.3 STREET ADDRESS	413 S. 1ST. ST.
1.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
2.1 TITLE	V/S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAT R. BUGG
2.3 STREET ADDRESS	413 S. 1ST. ST.
2.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and deemed true and correct for the corporations stated in Section 110.07(3)(a) Florida Statutes. I further certify that the information included 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 of this report, or on an attachment with an address.

SIGNATURE: *Sherwood L. Bugg* **SHERWOOD L. BUGG** **4-24-95** **904-247-8042**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Daytime Phone #)