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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

343361

WHY NOT, INC.

FILED

May 06 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 15 MARLBOROUGH ROAD 15 MARLBOROUGH ROAD SHAUMAR FL 32579 SHALIMAR FL 32579 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/21/1969 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 56-5912362 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes □ No 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BARTLETT, JOHN M 15 MARLBOROUGH ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SHALIMAR FL 83 City 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 alle if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE BARTLETT, JOHN M NAME 1.2 NAME 15 MARLBOROUGH RD STREET ADDRESS 1.3 STREET ADDRESS SHALIMAR FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BARTLETT, PETER G. 22 NAME 15 MARLBOROUGH RD STREET ADDRESS 2.3 STREET ADDRESS SHALIMAR FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE **BARTLETT, MARGARET** NAME 3.2 NAME 15 MARLBOROUGH RD STREET ADDRESS 3.3 STREET ADDRESS SHALIMAR FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE Change Addition 4.1 TITLE BARTLETT, MARGARET NAME 4. 2 NAME 15 MARLBOROUGH RD STREET ADDRESS 4.3 STREET ADDRESS SHALIMAR FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 61 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 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.

Tues Mes 78'98