SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998, AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

CORPORATION ANNUAL REPORT 1998

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY ST-ZIP

CITY-ST-ZIP TITLE

NAME

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F96000004948 (3)

WHITMAN INVESTMENT CO., INC. (GEORGIA)

4102 WHITEWATER OREEK ROAD P.O. BOX 725589 ATLANTA GA 30327 ATLANTA GA 31139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 58-2061102 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible X No 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARTIN. SNOW E ESQ 200 LAKE MORTON DR Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33802 83 84 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 title if applicable (NOTE: Registered Agent signature required when reinsteting) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PS TITLE 1.1 TITLE DELETE Change Addition WHITMAN, HOWE D NAME 1.2 NAME 4102 WHITEWATER CREEK DR STREET ADDRESS 1.3 STREET ADDRESS ATLANTA GA CITY-ST-ZIP 1.4 CITY ST ZIP TITLE 2.1 TITLE Change DELETE Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE ___ Addition NAME 3.2 NAME

> 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the examption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation of the receiver or trustee at powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears an officer or director of the corporation in Block 12 or Block 13 If changed

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***150.00

FILED

Aug 12 1998 8:00am

Secretary of State

(2/38)CR2E034

Addition

Addition

Addition

_ Change

My

WHITMAN INVESTMENT COMPANY, INC.

P. O. BOX 725589

ATLANTA, GEORGIA 31139

(404) 841-0605 - FAX (404) 841- 9275

Memo To:

Florida Department of State

Division of Corporations

From:

Howe D. Whitman

Date:

July 20, 1998

RE:

1998 Annual Report

Our office recieved within the last 10 days the 1998 Profit Corporation Annual Report packet for Whitman Investment Company, Inc. labled "2nd NOTICE". We have not previously recieved such a packet for 1998.

MacMille

We have executed the document as required and submit same herewith along with our check in the amount of \$150.00 for the normal fee. Since we did not receive the forms in time to file timely, we request waiver of the penalty for late filing. We were directed by your office to forward the form and check to this address.

Thank you for your help.

enclosure: check #1041