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FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000080616 (1)

1. Corporation Name

WAKULLA WHAT-NOTS, INC.

Principal Place of Business

55 SAWGRASS DRIVE  
CRAWFORDVILLE FL 32327

Mailing Address

55 SAWGRASS DRIVE  
CRAWFORDVILLE FL 32327

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1996

4. FEI Number

59-3416201

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Wakulla What-Not's

Suite, Apt. #, etc.

22 2213 Crawfordville Hwy.

City & State

23 Crawfordville, FL

24 32327

Country

25 Wakulla

2a. Mailing Address

26 Wakulla What-Not's

Suite, Apt. #, etc.

27 2213 Crawfordville Hwy.

City & State

28 Crawfordville, FL

29 32327

Country

30 Wakulla

9. Name and Address of Current Registered Agent

BEYER, ANN  
55 SAWGRASS DRIVE  
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D BEYER, ANN  
STREET ADDRESS 55 SAWGRASS DRIVE  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ DELETE

NAME D BEYER, JENNIFER  
STREET ADDRESS 55 SAWGRASS DRIVE  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ DELETE

NAME D BEYER, TOM  
STREET ADDRESS 55 SAWGRASS DRIVE  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

Ann Beyer

4-15-98 (850) 924-2511

CR2E034 (10/97)