

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).

FILED

Aug 11 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 # **P97000040693 (8)**

1. Corporation Name
WHITCOMB LEGAL NURSE CONSULTING, INC.



Principal Place of Business 3320 HEATHGATE CT ORLANDO FL 32812	Mailing Address 3320 HEATHGATE CT ORLANDO FL 32812
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/02/1997	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3445043		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	28 Zip	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country		

9. Name and Address of Current Registered Agent

**WHITCOMB, ELIZABETH A
3320 HEATHGATE CT
ORLANDO FL 32812**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITCOMB, WILTON A III		1.2 NAME		
STREET ADDRESS	3320 HEATHGATE CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32812		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITCOMB, ELIZABETH A		2.2 NAME		
STREET ADDRESS	3320 HEATHGATE CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32812		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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)(j), 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:

[Signature]

7-20-98 (407) 582-3853

CR2E034 (5/98)

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**WHITCOMB LEGAL NURSE
CONSULTING, INC.**



3320 HEATHGATE COURT
ORLANDO, FLORIDA
(407)382-3853

July 20, 1998

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is the 1998 Profit Corporation Annual Report for Whitcomb Legal Nurse Consulting, Inc., along with a check for the \$150 filing fee. Although the packet received by our office indicates a \$550 filing fee liability, we are requesting a waiver of the \$400 late fee. The first mailing was, unfortunately, not received. Whitcomb Legal Nurse Consulting, Inc. completed its first year of operation in 1997 and was not aware of a June filing deadline.

Our company takes its corporate reporting responsibilities seriously but hope that you will acknowledge the mix-up and rule in our favor. Thank-you.

Sincerely,

Wilton A. Whitcomb III
Vice-President