

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90012 044 \*\*\*150.00

DOCUMENT # P97000087625

1. Corporation Name

WHYTELYNE SERVICES, INC.

Principal Place of Business  
2806 WEST SILVER SPRINGS BLVD.  
OCALA FL 34475

Mailing Address  
2806 WEST SILVER SPRINGS BLVD.  
OCALA FL 34475

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1997

4. FEI Number

59-3476888

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

Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

JOHNSON, WILLIAM  
14802 NORTH FLORIDA AVENUE  
APT. J-156  
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name LEE PARKER  
82 Street Address (P.O. Box Number is Not Acceptable)  
714 WEST COURT  
83  
84 City LONGWOOD FL 85 Zip Code 32750

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-29-99

12. OFFICERS AND DIRECTORS

|                |                            |        |
|----------------|----------------------------|--------|
| TITLE          | P                          | DELETE |
| NAME           | PARKER, HEYWARD L          |        |
| STREET ADDRESS | 2806 W SILVER SPRINGS BLVD |        |
| CITY-ST-ZIP    | OCALA FL 34475             |        |
| TITLE          | VP                         | DELETE |
| NAME           | JOHNSON, WILLIAM C         |        |
| STREET ADDRESS | 2806 W SILVER SPRINGS BLVD |        |
| CITY-ST-ZIP    | OCALA FL 34475             |        |
| TITLE          | S                          | DELETE |
| NAME           | DELONG, DORIS J            |        |
| STREET ADDRESS | 2806 W SILVER SPRINGS BLVD |        |
| CITY-ST-ZIP    | OCALA FL 34475             |        |
| TITLE          | T                          | DELETE |
| NAME           | JOHNSON, DWALA A           |        |
| STREET ADDRESS | 2806 W SILVER SPRINGS BLVD |        |
| CITY-ST-ZIP    | OCALA FL 34475             |        |
| 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, with all other like empowered.

SIGNATURE:

Heyward L. Parker

3-29-99

352-867-7765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)