

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

0 1 1 4 4 5



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000036350

1. Entity Name  
WHALIN SERVICES, INC.

Principal Place of Business  
WAVECREST ST.  
ISLAND FL 32952-5619

Mailing Address  
1687 WAVECREST ST.  
MERRITT ISLAND FL 32952-5619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-3507473

Applied For  
Not Applicable

5. Certificate of Status Desired  
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WHALEY, DONNA M  
1687 WAVECREST ST.  
MERRITT ISLAND FL 32952-5619

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
WHALEY, DONNA M  
1687 WAVECREST ST.  
MERRITT ISLAND FL 32952-5619

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DS  
GAULIN, STEVEN J  
1687 WAVECREST ST.  
MERRITT ISLAND FL 32952-5619

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donna M. Whaley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00

(321) 454-4168

Date

Daytime Phone #