

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

09 JUL 13 AM 9:38

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**PROFIT CORPORATION ANNUAL REPORT 1999**

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

**DOCUMENT # P98000059359**

1. Corporation Name  
**WILHELMINA, INC.**

Principal Place of Business  
**26-A LOGAN LANE 26 B hogan lane**  
 GRAYTON BEACH FL 32459

Mailing Address  
**26-A LOGAN LANE 26 B hogan lane**  
 GRAYTON BEACH FL 32459

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/06/1998**

4. FEI Number  
**59-3520384**

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.  Yes  No

2. Principal Place of Business  
 21 **above**

2a. Mailing Address  
 26 **above**

22 **26-B hogan lane**  
 City & State

27 **Grayton Beach, FL**  
 City & State

23 **32459**  
 Zip

24 **U.S.A.**  
 Country

9. Name and Address of Current Registered Agent

**REDDING, BENJAMIN W ESO**  
**220 MCKENZIE AVENUE**  
**PANAMA CITY FL 32401**

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

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>VP</b>
1.3 STREET ADDRESS	<b>Linda P. Eyer</b>
1.4 CITY-ST-ZIP	<b>26-B hogan lane</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Grayton Beach, FL 32459</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>500002940365--1</b>
3.3 STREET ADDRESS	<b>-07/23/99--01079--003</b>
3.4 CITY-ST-ZIP	<b>****150.00 ****150.00</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Linda P. Eyer** **Linda P. Eyer** **6 July 99** **89/231-0737**

000010

CR2E034 (5/99)

6 July 99

To: Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

From: Wilhelmina, Inc. - (Chinda P. Eyer)  
26-B Logan Lane (Shirley P. Sahlie)  
Grayton Beach, FL 32459

Dear Sirs:

Please excuse our tardy filing and payment of this fee. We were under the impression our agent filed this report. Also, we moved early in <sup>this</sup> our first year to another building and have had problems with our mail. We have just received this 2<sup>ND</sup> notice with the penalty fee and were shocked at the amount. Our business is small and only 1 yr. old. Hopefully, this will satisfy this requirement along with our assurance "IT WON'T HAPPEN AGAIN NOW THAT WE ARE AWARE OF THE REQUIREMENT." Thank you for your understanding.