

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

DOCUMENT # P98000064014

1. Corporation Name

JULIE A. WHITLEY, INC.

Principal Place of Business

1920 PARK LAKE STREET
ORLANDO FL 32803

Mailing Address

1920 PARK LAKE STREET
ORLANDO FL 32803

2. Principal Place of Business

21 1303 UTAH BLVD

Suite, Apt. #, etc.

2a. Mailing Address

26 1303 UTAH BLVD

Suite, Apt. #, etc.

22

City & State

23 ORLANDO, FL

27 City & State

24 Zip 32803 Country 25 U.S.A.

28 ORLANDO, FL

Zip 32803

Country 30 U.S.A.

29 32803

30 U.S.A.

9. Name and Address of Current Registered Agent

WHITLEY, JULIE A
1920 PARK LAKE STREET
ORLANDO FL 32803

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1303 UTAH BLVD

83

84 City

ORLANDO

FL Zip Code 32803

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WHITLEY, JULIE A
STREET ADDRESS 1920 PARK LAKE STREET
CITY-ST-ZIP ORLANDO FL 32803

1.1 TITLE D
1.2 NAME WHITLEY, JULIE A.
1.3 STREET ADDRESS 1303 UTAH BLVD
1.4 CITY-ST-ZIP ORLANDO, FL 32803

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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: *Julie A. Whitley* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

407-228-4831

Date

Daytime Phone #

CR2E034 (11/98)