FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 9:07

DOCUMENT # 583801 (6)

1. Corporation Name
WYLIE GROVES, INC.

Principal Place of Business	Mailing Address
% VIRGINIA H FITZPATRICK 901 WOOD AVE HAINES CITY FL 33844	% VIRGINIA H FITZPATRICK 901 WOOD AVE HAINES CITY FL 33844

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/30/1978
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1851730 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FITZPATRICK, VIRGINIA, H
901 WOOD AVE
HAINES CITY FL 33844

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	1.1 TITLE		☐ Change ☐ Addition
NAME	FITZPATRICK, VIRGINIA, H	1.2 NAME		
STREET ADDRESS	901 WOOD AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, VIRGINIA W	2.2 NAME		
STREET ADDRESS	4153 HECTOR DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	BLOOMINGTON, IN 00000	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	WYLIE, ROBERT A	3.2 NAME		
STREET ADDRESS	308 SMITH ST	3.3. STREET ADDRESS		
CITY-ST-ZIP	LAKE HAMILTON, FL 00000	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	DV/P	☒ Change ☐ Addition
NAME	HASKINS, RICHARD, A	4.2 NAME		
STREET ADDRESS	2605 E LAKE HARTRIDGE DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HAMILTON, ANDREW, P	5.2 NAME		
STREET ADDRESS	9930 GROOMSBRIDGE RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	ALPHARETTA GA	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Virginia H. Fitzpatrick Secy/Treas January 24, 1995 813 422-6762
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #
Virginia H. Fitzpatrick

0316747 CP