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Jan 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 583801 (6)

1. Corporation Name
WYLIE GROVES, INC.

Principal Place of Business

% VIRGINIA H FITZPATRICK
901 WOOD AVE
HAINES CITY FL 33844

Mailing Address

% VIRGINIA H FITZPATRICK
901 WOOD AVE
HAINES CITY FL 33844-5523



3. Date Incorporated or Qualified
08/30/1978

3a. Date of Last Report
02/08/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number
59-1851730

Applied For
Not Applicable

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 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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	☐ DELETE
NAME	FITZPATRICK, VIRGINIA, H	
STREET ADDRESS	901 WOOD AVE	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	☐ DELETE
NAME	SMITH, VIRGINIA W	
STREET ADDRESS	4153 HECTOR DR	
CITY-ST-ZIP	BLOOMINGTON, IN 00000	
TITLE	PD	☐ DELETE
NAME	WYLIE, ROBERT A	
STREET ADDRESS	308 SMITH ST	
CITY-ST-ZIP	LAKE HAMILTON, FL 00000	
TITLE	DVP	☐ DELETE
NAME	HASKINS, RICHARD, A	
STREET ADDRESS	2805 E LAKE HARTRIDGE DR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	☐ DELETE
NAME	HAMILTON, ANDREW, P	
STREET ADDRESS	9930 GROOMSBRIDGE RD	
CITY-ST-ZIP	ALPHARETTA GA	
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 do 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: *Virginia H. Fitzpatrick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 27, 1997
Date

941 422-6762
Daytime Phone #

CR2E034 (9/96)