

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 02 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
FITZPATRICK, VIRGINIA, H  
901 WOOD AVE  
HAINES CITY FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SMITH, VIRGINIA W  
4153 HECTOR DR  
BLOOMINGTON, IN 00000

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
WYLIE, ROBERT A  
308 SMITH ST  
LAKE HAMILTON, FL 00000

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
HASKINS, RICHARD, A  
2605 E LAKE HARTRIDGE DR  
WINTER HAVEN FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HAMILTON, ANDREW, P  
9930 GROOMSBIDGE RD  
ALPHARETTA GA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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.

SIGNATURE

VIRGINIA H. FITZPATRICK

2/1/1998 941-422-1712

CR2E034 (10/97)