

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 1 AM 11:48

DOCUMENT # P26749 (2)

1. Corporation Name

P.-J. WYER CONSTRUCTION INC.

Principal Place of Business

**221 BROADWAY
AMITYVILLE NY 11701**

Mailing Address

**221 BROADWAY
AMITYVILLE NY 11701**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/31/1989	3a. Date of Last Report 04/19/1994
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2. Principal Place of Business 21 568 BROADWAY	2a. Mailing Address 25 568 BROADWAY
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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22. City & State AMITYVILLE NY	27. City & State AMITYVILLE NY
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23. Zip 11701	25. Country	29. Zip 11701	30. Country
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4. FEI Number 11-2514305	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**WYER, JAMES
7300 N.W. 27TH AVE.
OCALA FL 32678**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	
85. Zip Code	FL

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

TITLE	P
NAME	WYER, PATRICK
STREET ADDRESS	381 O'CONNOR RD., NORTH
CITY - ST - ZIP	BABYLON NY

TITLE	V
NAME	WYER, JAMES
STREET ADDRESS	21 MALLARD COVE
CITY - ST - ZIP	CENTERPORT NY

TITLE	ST
NAME	WYER, TIMOTHY
STREET ADDRESS	103 HITHERDELL LANE, N.
CITY - ST - ZIP	BABYLON NY

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Timothy P. Wyer **TIMOTHY P. WYER**

1/24/95 **(516) 225-0035**