


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90006 043 \*\*\*150.00

01134/5

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000093894**  
 1. Corporation Name  
**WYLIE'S PRO PAINT CENTER, INC.**



Principal Place of Business 3240 W FAIRFIELD DRIVE PENSACOLA FL 32505	Mailing Address 3240 W FAIRFIELD DRIVE PENSACOLA FL 32505
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 12/11/1995	
4. FEI Number 59-3348558	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**WYLIE, KEVIN S**  
**6675 FRANK REEDER ROAD**  
**PENSACOLA FL 32526**

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

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

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WYLIE, SONYA L</b>	
STREET ADDRESS	<b>6675 FRANK REEDER ROAD</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32526</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>WYLIE, KEVIN S</b>	
STREET ADDRESS	<b>6675 FRANK REEDER ROAD</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32526</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Sonya L. Wylie* **6/30/99** **850-469-1178**

CR2E034 (5/99)

MARGIE FLINT

*Certified Public Accountant, C.P.A.*

PA5000093894  
595187-90006-43

Florida Institute of Certified Public Accountants

9515-A Holsberry Road  
Pensacola, Florida 32534

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Licensed in Florida  
Licensed in Alabama

June 30, 1999

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Wylie's Pro Paint Center, Inc.  
FID# 59-3348558

To Whom It May Concern:

We have been retained by the above corporation to respectfully request an abatement of penalties due to non filing of the Corporation Annual Report for 1999. We request the abatement due to the following reasons:

1. The corporation had a previous independent accountant whom they relied on to prepare and file the annual report in a timely manner. They do not recall ever receiving the first notice.
2. Despite numerous phone calls to the previous accountant to inquire about the late notice, their calls have not been returned, therefore they had no choice but to retain another accountant to try and resolve the situation.
3. They were unaware that the report was late, so when they received the second notice this was the first indication that the report was late and have responded in a prompt manner.

Enclosed is the completed report and a check for \$150.00. Again, we respectfully request that the penalties can be abated this time and hope that this satisfies all parties concerned.

Sincerely,

*Margie Flint*

Margie Flint  
Certified Public Accountant