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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000025433

1. Corporation Name

CLYDE E. WOLFE, P.A.

FILED Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90032 023 ***150.00



Principal Place of Business Mailing Address 1797 OLD MOULTRIE RD SUITE 103 1797 OLD MOULTRIE RD SUITE 103 ST AUGUSTINE FL 32086 ST AUGUSTINE FL 32086						1	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/40/4000					
2 Principal P	Place of Business	2a Mail	ing Address					03/18/1996 FEI Number		- 1	Applie	nd For
21	lace of business	26	ing riddross					59-3385623			<u> </u>	pplicable
Suite, Apt.	. #, etc.		e, Apt. #, etc.							\$8.7	5 Add	·
22	•	27	•				5.	Certificate of Status Desir	ed 🗌		Requi	
City & Stat	te	City	& State				6.	Election Campaign Finan	cing _	\$5.0	00 ма	v Be
23		28						Trust Fund Contribution	C9 🗆		led to F	
Zip	Country	Zip		 1	ıntry		8.	This corporation owes the	current year		_	
24	25	29		30				Personal Property Tax.		☐Yes		No
	9. Name and Address of Curro	ent Registered	l Agent		04	Mana	10.	Name and Address of N	łew Register	d Agent		
l wor	LFE, CCLYDE E				81	Name						
	7 OLD MOULTRIE RD SUITE 10	13			82	Street Add	dress (P.	O. Box Number is Not Ac	ceptable)			
	AUGUSTINE FL 32086	15			83			<u> </u>	<u> </u>		198 1	6 6 7 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
0, 7	100001INE 1 E 32000				63						75144	1 100 2 11 11 11 11 11 11 11 11 11 11 11 11 11
ļ !					84	City	•	7 20 4		85 2	Zip Cod	e
	to the provisions of Sections 607.05	E00	'00 Fl Ct		<u> </u>					L	ito roa	iotoro d
i office or i	registered agent, or both, in the Stat	te of Florida. Su	ich change was a	uthorized	l bv ti	he corporat	tion's bo	ard of directors. I hereby	accept the ap	pointment as	s regist	ered
agent. I a	am familiar with, and accept the oblig	gations of Sect										
	•	ga o., a	1011 007.0303, Flo.	nua Statt	utes.							
SIGNATURE	,	•				signature requi	ired when re	sinstation)	DATE			
	Signature, typed or printed name of registered as	gent and title if applic	able. (NOTE:	: Registered		signature requi			DATE	AND DIREC	CTORS	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered at	•	able. (NOTE:		I Agent	signature requi		oinstating) ADDITIONS/CHANGES TO		AND DIREC		IN 12
12.	Signature, typed or printed name of registered at OFFICERS A	gent and title if applic	abie. (NOTE:	: Registered	Agent	signature requii						
12. TITLE NAME	Signature, typed or printed name of registered at OFFICERS A D WOLFE, CLYDE E	gent and title if applic	abie. (NOTE:	13. 1.1 TII	I Agent							
12. TITLE NAME STREET ADDRESS	OFFICERS A OFFICERS A WOLFE, CLYDE E 1797 OLD MOULTRIE RD SUI	gent and title if applic	abie. (NOTE:	13. 1.1 TII 1.2 NA 1.3 ST	TLE AME	ADDRESS						
12. TITLE NAME	Signature, typed or printed name of registered at OFFICERS A D WOLFE, CLYDE E	gent and title if applic	abie. (NOTE:	13. 1.1 TII 1.2 NA 1.3 ST	TLE AME TREET A	ADDRESS					nge [
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A OFFICERS A WOLFE, CLYDE E 1797 OLD MOULTRIE RD SUI	gent and title if applic	able. (NOTE RS DELETE	: Registered 13. 1,1 TII 1.2 NA 1.3 ST 1.4 CII	TLE AME TREET A TY-ST-	ADDRESS				☐ Chan	nge [☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A OFFICERS A WOLFE, CLYDE E 1797 OLD MOULTRIE RD SUI	gent and title if applic	able. (NOTE RS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA	TLE AME TREET A TY-ST- TLE AME	ADDRESS -ZIP				☐ Chan	nge [☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A OFFICERS A WOLFE, CLYDE E 1797 OLD MOULTRIE RD SUI	gent and title if applic	able. (NOTE RS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST	TLE AME TY-ST- TLE AME	ADDRESSZIP				☐ Chan	nge [☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A OFFICERS A WOLFE, CLYDE E 1797 OLD MOULTRIE RD SUI	gent and title if applic	able. (NOTE RS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST	TLE AME TY-ST- TLE AME TY-ST- TLE AME	ADDRESSZIP				☐ Chan	nge [☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A OFFICERS A WOLFE, CLYDE E 1797 OLD MOULTRIE RD SUI	gent and title if applic	abie. (NOTE: RS DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.2 NA 2.3 ST 2. 4 CI	TLE AME TY-ST- TLE AME TREET A TREET A TTY- ST-	ADDRESSZIP				☐ Chan	nge [Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A OFFICERS A WOLFE, CLYDE E 1797 OLD MOULTRIE RD SUI	gent and title if applic	abie. (NOTE: RS DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA	TLE AME TY-ST- TLE AME TREET A TITY-ST- TLE TREET A TTY-ST- TLE	ADDRESSZIP				☐ Chan	nge [Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS A OFFICERS A WOLFE, CLYDE E 1797 OLD MOULTRIE RD SUI	gent and title if applic	abie. (NOTE: RS DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2. 4 CI 3.1 TII 3.2 NA 3.3 ST	TILE AME TTY-ST- TLE AME TREET A AME TREET A TREET A TLE AME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS				☐ Chan	nge [Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A OFFICERS A WOLFE, CLYDE E 1797 OLD MOULTRIE RD SUI	gent and title if applic	abie. (NOTE: RS DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2. 4 CI 3.1 TII 3.2 NA 3.3 ST	TLE AME TREET A TTY-ST- TLE AME TREET A TTY-ST- TLE AME TTY-ST- TLE TTY-ST- TTY-ST- TTY-ST- TTY-ST- TTY-ST- TTY-ST-	ADDRESS -ZIP ADDRESS -ZIP ADDRESS				☐ Chan	nge [Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	OFFICERS A OFFICERS A WOLFE, CLYDE E 1797 OLD MOULTRIE RD SUI	gent and title if applic	DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.2 NA 2.3 ST 2. 4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI	TLE AME TREET / TY-ST- TLE AME TREET / TY-ST- TLE AME TREET / TTY-ST- TLE TREET / TTY-ST- TLE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS			_	☐ Chan	nge [Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE TITLE NAME TITLE TITLE	Signature, typed or printed name of registered at OFFICERS A D WOLFE, CLYDE E 1797 OLD MOULTRIE RD SUI ST AUGUSTINE FL 32086	gent and title if applic	DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2. 4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA	TLE AME TREET / TTY-ST- TLE AME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP			_	☐ Chan	nge [Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME NAME	Signature, typed or printed name of registered at OFFICERS A D WOLFE, CLYDE E 1797 OLD MOULTRIE RD SUI ST AUGUSTINE FL 32086	gent and title if applic	DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. Cf 4.1 TII 4.2 NA 4.3 ST	TLE AME TREET / TTY-ST- TLE AME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS			_	☐ Chan	nge [Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered at OFFICERS A D WOLFE, CLYDE E 1797 OLD MOULTRIE RD SUI ST AUGUSTINE FL 32086	gent and title if applic	DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. Cf 4.1 TII 4.2 NA 4.3 ST	TILE TILE TREET A TY-ST- TILE THE TREET A TY-ST- TILE TREET A TY-ST- TY-ST-	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS			_	☐ Chan	nge [Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered at OFFICERS A D WOLFE, CLYDE E 1797 OLD MOULTRIE RD SUI ST AUGUSTINE FL 32086	gent and title if applic	DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. Cf 4.1 TII 4.2 N/ 4.3 ST 4.4 C II	TLE AME TY-ST- TLE AME TY-ST- TLE AME TY-ST- TLE AME TREET A TY-ST- TLE AME TREET A TY-ST- TLE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS			_	☐ Chan	nge [Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME	Signature, typed or printed name of registered at OFFICERS A D WOLFE, CLYDE E 1797 OLD MOULTRIE RD SUI ST AUGUSTINE FL 32086	gent and title if applic	DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. Cf 4.1 TII 4.2 N/ 4.3 ST 4.4 CF 5.1 TII 5.2 NA	TLE AME TY-ST- TLE AME TREET A AME TREET A AME TREET A AME TREET A TLE AME TREET A TLE TREET A AME TREET A AME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS			_	☐ Chan	nge [Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered at OFFICERS A D WOLFE, CLYDE E 1797 OLD MOULTRIE RD SUI ST AUGUSTINE FL 32086	gent and title if applic	DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 4.1 TII 4.2 NA 4.3 ST 4.4 CF 5.1 TII 5.2 NA 5.3 ST	TLE AME TY-ST- TLE AME TREET A AME TREET A AME TREET A AME TREET A TLE AME TREET A TLE TREET A AME TREET A AME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS			_	☐ Chan	nge [Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered at OFFICERS A D WOLFE, CLYDE E 1797 OLD MOULTRIE RD SUI ST AUGUSTINE FL 32086	gent and title if applic	DELETE DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 4.1 TII 4.2 NA 4.3 ST 4.4 CF 5.1 TII 5.2 NA 5.3 ST	TLE AME TREET A TTY-ST- TLE AME TREET A TTY-ST- TLE AME TREET A TTY-ST- TLE TLE TTY-ST- TTY-ST- TTY-ST- TTY-ST-	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS			_	☐ Chan	nge (Addition Addition 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP