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 # **P96000035650**1. Corporation Name

WYCHE & COMPANY, INC.

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90083 026 ***158.75



Principal Place of Business Mailing Address						
1 ROLLER COASTER HILL ROAD POST OFFICE BOX 616						
MADISON FL 32340 MADISON FL 32341						
US					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					04/24/1996	
2. Principal Place of Business 2a. Mailing Address					1	ed For
26 26						Applicable
├ ──					5. Certificate of Status Desired \$8.75 Add Fee Requ	
22						
23 28					6. Election Campaign Financing \$5.00 M. Trust Fund Contribution Added to I	· 1
			Countr	v	This corporation owes the current year Intangible	663
24					· · · · · · · · · · · · · · · · · · ·	INo
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
				Name		
WYCHE, BENJAMIN G JR. 1 ROLLER COASTER HILL ROAD MADISON FL 32340			92	82 Street Address (P.O. Box Number is Not Acceptable)		
			02	82 Street Address (P.O. Box Number is Not Acceptable)		
			83	83 3 4 City 85 Zip Code		
			0.4			
				City	FL 85 Zip Coo	ie
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 registere-						
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 X Br. 6 Mylyte. Benjamin G. Wyche u					117199	
SIGNATORE	Signature, typed or printed name of registyred agent	and title if applicable. (NOTE: Re	gistered Age	nt signature required	ed when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	•		1.1 TITLE		☐ Change	Addition
NAME	TADDRESS 1 ROLLER COASTER HILL ROAD 1.35 T-ZIP MADISON FL 32340 - 1.40		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP			1.4 CITY-S	ST-ZIP		
TITLE	•		2.1 TITLE		∴ Change	Addition
NAME	,,		2.2 NAME			
STREET ADDRESS	1 110 2221 0 0 1 10 12 110 10			TADORESS		
CITY-ST-ZIP				ST-ZIP	FIOL	T A 448
TITLE			3.1 TITLE		☐ Change	Addition
NAME .	•		3.2 NAME			
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP TITLE			3.4. CITY-8 4.1 TITLE	ST-ZIP	· [T] Change	Addition
					∟ Change	L Addition
NAME	•		4. 2 NAME	T + DDDCCC		
STREET ADDRESS				T ADDRESS		.
CITY-ST-ZIP	P	☐ DELETE	4.4 CITY-S 5.1 TITLE	I-ZIP	Change	Addition
NAME			5.2 NAME		L. Change	
STREET ADDRESS				TADDRESS	•	
			5.4 CITY-S			
CITY-ST-ZIP TITLE			6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME		ondingo	
STREET ADDRESS	· _			T ADDRESS		
CITY-ST-ZIP	•		6.4 CITY-S	T-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, with all other like empowered.

SIGNATURE: