

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: \$550)

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000091129			
1. Corporation Name Wiley's Outdoor Services, Inc.			
Principal Place of Business 3240 Bright Ct. Kissimmee, FL 34744		Mailing Address 3240 Bright Ct. Kissimmee, FL 34744	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 3240 Bright Ct. Suite, Apt. #, etc.		2a. Mailing Address 26 3240 Bright Ct. Suite, Apt. #, etc.	
22 City & State 23 Kissimmee, FL 24 34744 25 U.S.A.		27 City & State 28 Kissimmee, FL 29 34744 30 U.S.A.	
3. Date Incorporated or Qualified Nov 4, 1996		4. FEI Number 59-3413081	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent Wiley J Black 4345 Reaves Rd. Kissimmee, FL 34746		10. Name and Address of New Registered Agent 81 Name Bobby J. Black 82 Street Address (P.O. Box Number is Not Acceptable) 3240 Bright Ct. 83 84 City Kissimmee FL 85 Zip Code 34744	
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 Bobby J. Black (NOTE: Registered Agent signature required when changing registered agent) DATE 10/28/99			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P. 1.2 NAME Stacie Black 1.3 STREET ADDRESS 4345 Reaves Rd. 1.4 CITY-ST-ZIP Kissimmee, FL 34746 1.5 TITLE V.P. 1.6 NAME Wiley J. Black 1.7 STREET ADDRESS 4345 Reaves Rd. 1.8 CITY-ST-ZIP Kissimmee, FL 34746 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP		2.1 TITLE P. 2.2 NAME Debra A. Black 2.3 STREET ADDRESS 3240 Bright Ct. 2.4 CITY-ST-ZIP Kissimmee, FL 34744 2.5 TITLE N.B. 2.6 NAME Bobby J. Black 2.7 STREET ADDRESS 3240 Bright Ct. 2.8 CITY-ST-ZIP Kissimmee, FL 34744 2.9 TITLE 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY-ST-ZIP 2.13 TITLE 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY-ST-ZIP 2.17 TITLE 2.18 NAME 2.19 STREET ADDRESS 2.20 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.		15. 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: Bobby J. Black		SIGNATURE: Bobby J. Black 10/28/99 (407) 847-9312	

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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