
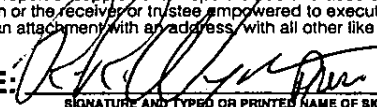


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000070790						<p style="margin: 0;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p style="margin: 0; font-size: 1.2em;">05 AUG 29 PM 10: 50</p>		
1. Entity Name BOMAR CORPORATION								
Principal Place of Business 1362 BLOUNTSTOWN HWY TALLAHASSEE, FL 32304				Mailing Address 1362 BLOUNTSTOWN HWY TALLAHASSEE, FL 32304				
2. Principal Place of Business				3. Mailing Address				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				
City & State				City & State				
Zip		Country		Zip		Country		
6. Name and Address of Current Registered Agent WYCHE, ROBERT R 5215 VELDA DAIRY ROAD TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>								
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WYCHE, ROBERT R 5215 VELDA DAIRY ROAD TALLAHASSEE, FL 32308 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. Sales Timothy R. Wyche 2652 Bantry Bay Dr. Tallahassee, FL 32309 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WYCHE, MARTHA P 5215 VELDA DAIRY ROAD TALLAHASSEE, FL 32308 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. Buyer James C. Wyche 3397 Rustlewood La. Tallahassee, FL 32312 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: 				Robert R. Wyche		8-25-05		850-580-3745
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>		