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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90039 024 \*\*\*150.00

## DOCUMENT # P98000012831

Principal Place of Business

WAYMAN HOLLY, INC.

3660 North C Hernando Fl	ARL G. ROSE HIGHWAY	3660 NORTH ( HERNANDO FU	JARL G. HOSE HR - <b>3444</b> 2	GHWAT				
(ILMINITO) IL	JTTTC	TIETH WILLIAM	HERMANDO I C STITE			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 02/09/1998		
Principal Flace of Business 2a. Mailing Address						4. FEI Number		olied For
21		26				59-349136	Not	Applicable
Suite, Apt	#, etc.	Suite, Apt	#, etc.				\$8.75 A	
27						5. Certificati: 01 Status Desired	Fee Re	quired
City & Sta:	e	City & Sta	ite		_	6. Election Campaign Financing	\$5.00	Мау Ве
23	28					Trust Fund Contribution	Added_to	o Fees
Zip	Countr /	Zip	·			8. This corporation owes the current		r=t.
<u>-   </u>				.0		Personal Property Tax.		₩No
	9. Name and Address of Cu	rrent Fegistered Agei	nt		<del></del>	10. Name and Address of New Reg	istered Agent	
MAVMAN CAVIA				81	Name			
WAYMAN, GAYLA				82	Street A	Address (P.O. Box Number is Not Acceptable	)	
3660 NORTH CARL G. ROSE HIGHWAY HERNANDO FL 34442								
псн	NANDU FL 34442			83				1
				84	City		FL 85 Zip C	Code
11. Pursuant	to the provisions of Sections 607	7,0502 and 607,1508, F	orida Statutes, th	e above	e-named o	corporation submits this statement for the pur	pose of changing its	re jistered
office or r	registered agent, or both, in the Sim familiar with, and accept the o	State of Florida. Such ch	lange was author	ized by	the corpo	orat on's board of directors. I hereby accept the	ne appointment as reg	gistered
•	iiii iamiliai wim, and accept ne o	ibligations of, Section of	1,0000, 1 ionida	Maidico	-			}
SIGNATURE	Signature, typed or printed man a of registere	ed agent and title if applicable.	(NOTE Regist	tered Ager	it signature re	equil ad when reinstating)	DATE	
12.		S AND DIRECTORS		13.		ADDITIO VS/CHANGES TO OFFIC		
TITLE	D		☐ DELETE 1.1 TI			GAYLA WAYMAN, AG	Change	Addition
NAME	WAYMAN, GAYLA		1	.2 NAME		GAIZA WAJMAN, AC	KII-OLIC	•
STREET ADDRESS	DDRESS 3660 NORTH CARL G. ROSE HIGHWAY			.3 STREET	ADDRESS	•		
CITY-ST-ZIP	HERNANDO FL 34442		1	.4 CITY-S	T-ZIP			
TITLE	D	×	DELETE 2	1 TITLE		<del>_</del>	☐ Change	Addition
NAME	WAYMAN, SHAWN		2	2 NAME	i			i
STREET ADDRESS	REET ADDRES S 3660 NORTH CARL G. ROSE HIGHWAY			2.3 STREET ADDRESS				1
CITY-ST-ZIP	HERNANDO FL 34442		. 2	. 4 CITY- S	T- ZIP			
TITLE	D	<u> </u>	DELETE 3	3.1 TITLE			Change	Addition
NAME	HOLLY, BRUCE		3	3.2 NAME	1			
STREET ADDRESS	FOR MODEL TOUR ADDOMA DOME			3 3 STREET ADDRESS				
CITY-ST-ZIP	HERNANDO FL 34442			.4. CITY-S	T-ZIP			
TITLE			DELETE 4	I.1 TITLE			Change	☐ Addition
NAME	}		4	. 2 NAME	ł			}
STREET ADDRE 3S			4	.3 STREET	ADDRESS			
CITY-ST-ZIP		_		.4 CITY-S	T-ZIP			
TITLE			DELETE 5	,1 TITLE			☐ Change	☐ Addition
NAME				5.2 NAME				
STREET ADDRESS			5	3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY-S	T-ZIP			
TITLE			DELETE 6	.1 TITLE			☐ Change	Addition
NAME			8	3.2 NAME				Į
NAME STREET ADDRESS			1		ADDRESS			

14. I heret y certify that the information supplied with this filling 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 arri 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: