


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

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 99800012631		<b>Amending Annual Report</b>			
1. Corporation Name <b>Wayman Holly Inc.</b>					

FILED  
99 AUG 12 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>3660 N. CARL G. ROSE HWY HERNANDO, FL. 34442</b>	Mailing Address <b>← SAME</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified	
4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>GARY WAYMAN 1404 CLAYMORE ST. INVERNESS, FL. 34450</b>	

10. Name and Address of New Registered Agent	
81 Name	<b>John Meyers</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1986 KEEPSAKE LANE</b>
83	
84 City	<b>HERNANDO</b>
85 Zip Code	<b>FL 34442</b>

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 **John Meyers** **John Meyers** **8/10/99**

12. OFFICERS AND DIRECTORS	
TITLE	<b>President</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>Gayman Wayman</b>
STREET ADDRESS	<b>1404 Claymore St.</b>
CITY-ST-ZIP	<b>Inverness Fl. 34450</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>John Meyers</b>
13 STREET ADDRESS	<b>1986 KEEPSAKE LANE</b>
14 CITY-ST-ZIP	<b>HERNANDO, FL. 34442</b>
21 TITLE	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>DAVID HAER</b>
23 STREET ADDRESS	<b>165 S. Easy St.</b>
24 CITY-ST-ZIP	<b>LEESPORT, FL. 34461</b>
31 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>Polly McVay</b>
33 STREET ADDRESS	<b>165 S. Easy St.</b>
34 CITY-ST-ZIP	<b>LEESPORT, FL. 34461</b>
41 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>Polly McVay</b>
43 STREET ADDRESS	<b>165 S. Easy St.</b>
44 CITY-ST-ZIP	<b>LEESPORT, FL. 34461</b>
51 TITLE	<b>300002963389</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>-08/18/99--01068--007</b>
53 STREET ADDRESS	<b>*****61.25 *****61.25</b>
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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, with all other like empowered.

SIGNATURE: **Polly McVay** **Secretary + Treasurer** **8/10/99** **1-352-637-1444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)