

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: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000047236**

1. Corporation Name

**MICHAEL WOOLLEY, INC.**

Principal Place of Business

11243-7 ST. JOHNS INDUSTRIAL PARKWAY SOUTH  
JACKSONVILLE FL 32216

Mailing Address

11243-7 ST. JOHNS INDUSTRIAL PARKWAY SOUTH  
JACKSONVILLE FL 32216

**FILED**  
**Aug 16, 1999 8:00 am**  
**Secretary of State**

08-16-1999 90008 008 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/27/1998**

4. FEI Number

**59-3522361**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business

**21 9951 Atlantic Blvd.**

2a. Mailing Address

**26 9951 Atlantic Blvd**

Suite, Apt. #, etc.

**22 Suite 414**

Suite, Apt. #, etc.

**27 Suite 414**

City & State

**23 Jacksonville FL**

City & State

**28 Jacksonville FL**

Zip

**24 32225**

Country

Zip

**29 32225**

Country

**30**

9. Name and Address of Current Registered Agent

**KENT, JOHN B  
225 WATER STREET  
SUITE 900  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WOOLLEY, PAUL S JR.**

STREET ADDRESS **8083 PINE LAKE ROAD**

CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☐ DELETE

NAME **WOOLLEY, BETTY A**

STREET ADDRESS **8083 PINE LAKE ROAD**

CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☐ DELETE

NAME **WOOLLEY, MICHAEL**

STREET ADDRESS **11243-7 ST. JOHNS INDUSTRIAL PARKWAY SOUTH**

CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**116 Laurel Court  
Ponte Vedra Beach, FL 32082**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**116 Laurel Court  
Ponte Vedra Beach, FL 32082**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**9951 Atlantic Blvd. #414  
Jacksonville, FL 32225**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE: **Michael S. Woolley** 8-13-99 (904) 727-3890

CR2E034 (5/99)