

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90089 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # V16221

1. Corporation Name
ROBERT O. WILHELM & ASSOCIATES, P.A.



Principal Place of Business: 100 SOUTHPARK BLVD., SUITE 303 ST. AUGUSTINE FL 32085-3165
Mailing Address: P.O. DRAWER 3165 ST. AUGUSTINE FL 32085-3165

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 02/24/1992
4. FEI Number: 59-3109376
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing: [] \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: [X] Yes [] No

2. Principal Place of Business: 21 [] Suite, Apt. #, etc. 22 [] City & State 23 [] Zip Country 24 [] 25 []
2a. Mailing Address: 26 [] Suite, Apt. #, etc. 27 [] City & State 28 [] Zip Country 29 [] 30 []

9. Name and Address of Current Registered Agent
WILHELM, ROBERT O.
100 SOUTHPARK BLVD., SUITE 303
ST. AUGUSTINE FL 32086

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
D WILHELM, ROBERT O. 194 SAN JUAN DR. PONTE VEDRA BEACH FL 32082
V SETZLER, DAVID M 1124 KALMIA COURT JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
5095 S.R. 13 NORTH ORANGEDALE, FLORIDA 32092

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: _____ Date: 1-13-99 Daytime Phone #: 904-824-2200

CR2E034 (1/198)