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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** Applied For: Not Applicable:

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: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 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

TITLE: D DELETE
 NAME: WILHELM, ROBERT O.
 STREET ADDRESS: 194 SAN JUAN DR.
 CITY-ST-ZIP: PONTE VEDRA BEACH FL 32082

TITLE: V DELETE
 NAME: SETZLER, DAVID M
 STREET ADDRESS: 1124 KALMIA COURT
 CITY-ST-ZIP: JACKSONVILLE FL

TITLE: DELETE

TITLE: DELETE

TITLE: DELETE

TITLE: DELETE

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

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS: **5095 S.R. 13 NORTH**

2.4 CITY-ST-ZIP: **ORANGEDALE, FLORIDA 32092**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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, with all other like empowered.

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

CR2E034 (1/198)