

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

FILED

Feb 14 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V16837

(9)

1. Corporation Name

BOB WYLIE, INCORPORATED

Principal Place of Business

1939 S 8TH ST
SUITE 6
FERNANDINA BEACH FL 32034
US

Mailing Address

P.O. BOX 6134
STE A
FERNANDINA BEACH FL 32035-6134
US

3. Date Incorporated or Qualified

02/25/1992

3a. Date of Last Report

04/22/1996

4. FEI Number

59-3110640

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ 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

10. Name and Address of New Registered Agent

WYLIE, R. F. JR.
1853 SOUTH 8TH STREET
STE A
FERNANDINA BEACH FL 32034

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETENAME
DPS
WYLIE, R. F. JR.
1485 AMY DR
YULEE FL1.2 NAME ☐ DELETESTREET ADDRESS
T
WYLIE, R. F. JR.
1485 AMY DR
YULEE FL1.3 STREET ADDRESS ☐ DELETECITY- ST- ZIP
V
WYLIE, ROBERT M
1521 AMY DR
YULEE FL1.4 CITY- ST- ZIP ☐ DELETETITLE
V
WYLIE, BONNIE L
1485 AMY DR
YULEE FL2.1 TITLE ☐ DELETENAME
WYLIE, R. F. JR.
1485 AMY DR
YULEE FL2.2 NAME ☐ DELETESTREET ADDRESS
V
WYLIE, ROBERT M
1521 AMY DR
YULEE FL2.3 STREET ADDRESS ☐ DELETECITY- ST- ZIP
V
WYLIE, BONNIE L
1485 AMY DR
YULEE FL2.4 CITY- ST- ZIP ☐ DELETE

2.5 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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

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 do 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: Robert F. Wylie Robert F. Wylie

2-9-97

904-277-2045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)