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

PROFIT CORPORATION ANNUAL REPORT **1999**		FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State
03-09-1999 90077 041 ***150.00

DOCUMENT # V16837

1. Corporation Name

BOB WYLIE, INCORPORATED

Principal Place of Business	Mailing Address
4216 E STATE RD 200 FERNANDINA BEACH FL 32034 US	P.O. BOX 6134 STE A FERNANDINA BEACH FL 32035 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
02/25/1992

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 *Bob Wylie, Inc.*	26	**59-3110640**	Not Applicable
Suite, Apt. #, etc. 22 *1485 Amy Dr.*	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 *Yulee, FL*	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 *32097* 25 Country *US*	Zip 29 Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No	

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 *Wylie, R.F. Jr.* 82 Street Address (P.O. Box Number is Not Acceptable) *1485 Amy Dr.* 83 84 City *Yulee* FL 85 Zip Code *32097*

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 *Robert F Wylie JR* *President Robert F Wylie Jr* *2·22·99*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	WYLIE, R. F. JR.		1.2 NAME		
STREET ADDRESS	1485 AMY DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	YULEE FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	WYLIE, R. F. JR.		2.2 NAME		
STREET ADDRESS	1485 AMY DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	YULEE FL		2.4 CITY-ST-ZIP		
TITLE	V	☑ DELETE	3.1 TITLE	☐ Change	☑ Addition
NAME	WYLIE, ROBERT M		3.2 NAME *James Lamar Lindsey*		
STREET ADDRESS	1521 AMY DR		3.3 STREET ADDRESS *4834 Pinebreeze Blvd.*		
CITY-ST-ZIP	YULEE FL		3.4 CITY-ST-ZIP *Callahan, FL 32011*		
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME	WYLIE, BONNIE L		4.2 NAME		
STREET ADDRESS	1485 AMY DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	YULEE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: *Robert F. Wylie JR* *Pres. Robert F Wylie Jr* *2/22/99* (904) 277-2045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #