FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

463113

(1)

DOCUMENT #
1. Corporation Name

JOHN C. WISE ENGINEERING, INC.							
Principal Place o	of Business	Mailing Address	15918 ALEXANDER RUN				
15918 ALEXANI JUPITER FL 33		15918 ALEXANDER RU JUPITER FL 33478					
gyrnen ru so	V V					3. Date Incorporated or Qualified 10/11/1974 3a. Date of Last Report 05/01/1995	
2. Principal Plac	on of Business	2a. Mailing Address				4. FEI Number Applied For	
2. Principal Plac	DE OF DOSITIESS	26				59-1557310 Not Applicable	
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country		ZID	Z _I p Cou			8. This corporation has liability for intangible tax under s 199,032, Florida Statutes ☐ Yes ☐ No 199,032	
24	25 9. Name and Address of Curre	nt Registered Agent	1301		10. Name and Address of New Registered Agent		
	5. Hallic and Address of Caller			B1	Name		
MILES, R. STEPHEN				82 Street Addre		et Address (P.O. Box Number is Not Acceptable)	
4305 NEF	PTUNE RD			83			
ST. CLOU	JD FL 34769			84 City		85 Zip Code	
				i I	1 1	corporation submits this statement for the purpose of changing its registered office is board of directors. I hereby accept the appointment as registered agent. I am	
SIGNATURE: _	Signature, typed or printed name of registered agos	of and their applicable.	NOTE: Registered	I Ager	nt signature i	ine required when reinstalling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.11	ITLE		Change Addition	
NAME	WISE, JOHN C.		1.2 N	NAME			
STREET ADDRESS	15918 ALEXANDER RUN		1.3 S	1.3 STREET ADDRESS		is	
DITY-ST-ZIP	JUPITER FL		1.4 CITY -		S1-ZIP		
TITLE	S	DELETE	2.13	2. 1 TITLE		Change Addition	
NAME	MILES, R. STEPHEN			2 2 NAME			
STREET ADDRESS	4305 NEPTUNE RD		235	2.3 STREET ADDRESS		SS	
CITY-ST-7IP	ST. CLOUD FL			2 4 CITY-		Change Addition	
TITLE		DELETE	1	3. 1 TITLE			
NAME			321		* * * * * * * * * * * * * * * * * * * *	ron	
STREET ADDRESS	}			33 STREET ADDRESS		iss	
CITY-ST-ZIP		F7 BEITI			ST-ZIP	Change Addition	
TITLE		☐ DELETE		4. 1 TITLE 4.2 NAME			
NAME							
STREET ADDRESS	\ \ \	· · · · · · · · · · · · · · · · · · ·			T ADDRESS	22	
CITY-ST-ZIP				4.4 CiTY - ST - ZiP		Change Addition	
TITLE				5.1 TITLE 5.2 NAME			
NAME							
STREET ADDRESS					et address	,SS	
CITY-ST-ZIP	ZIF			•••	-ST-ZIP	Change Addition	
TITLE	DELETS		6 1	TITLE			

6.2 NAME

63 STREET ADDRESS

64 CHY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this amount report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the coporation 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 charged or on an attachment with an address.

CR2E034 (12/95)