FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:20

DOCUMENT # **825013** **(6)**

1. Corporation Name
THE WISE CO., INC. OF FLORIDA

Principal Place of Business	Mailing Address
5535 PLEASANT VIEW RD MEMPHIS TENNESSEE 38134	5535 PLEASANT VIEW RD MEMPHIS TENNESSEE 38134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/01/1970**
3a. Date of Last Report: **03/01/1994**

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

4. FEI Number: **62-0634834** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and the date as to (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FREUDENBERG, J. I.	12 NAME	
STREET ADDRESS	3224 WESTELLE	13 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WISE, CHARLES	22 NAME	
STREET ADDRESS	3208 WESTELLE	23 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	FULGHAM, WILMA	32 NAME	
STREET ADDRESS	5463 BLACKWELL	33 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	34 CITY-ST-ZIP	
TITLE	VPD	41 TITLE	☐ Change ☐ Addition
NAME	BROWN, STEVEN	42 NAME	
STREET ADDRESS	1566 EASTMORELAND	43 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	MCCRAW, SHERRY	52 NAME	
STREET ADDRESS	8323 BURNING TREE LANE	53 STREET ADDRESS	
CITY-ST-ZIP	RIPLEY TN	54 CITY-ST-ZIP Memphis, Tenn.	
TITLE	SD	61 TITLE	☐ Change ☐ Addition
NAME	KIRKLAND, ANN	62 NAME	
STREET ADDRESS	3418 PAMELA ANN DR	63 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	64 CITY-ST-ZIP	

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)(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: Wilma Fulgham 2-16-95 901 388 0155
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

WILMA FULGHAM Treas.

0470020 FP