

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 8:47

DOCUMENT # **H98733** (9)

1. Corporation Name
WISE OFFICE SUPPLY, INC.

Principal Place of Business Mailing Address
345 W LAKE MARY BLVD LAKE MARY FL 32746 **3005 W LAKE MARY BLVD. #118 LAKE MARY FL 32746 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/07/1986** 3a. Date of Last Report **04/05/1994**

4. FEI Number **59-2691979** 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

2. Principal Place of Business 2a. Mailing Address
21 **3005 W. LAKE MARY BLVD** 26
Suite, Apt. #, etc. 27
22 **# 116** Suite, Apt. #, etc.
City & State 28
23 **LAKE MARY FL** City & State
Zip Country 29
24 **32746** 25 **US** Zip Country 30

9. Name and Address of Current Registered Agent
**WYSE CHRISTINE
118 WILLOW DR
LAKE MARY FL 32748**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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
NAME **WYSE, L. SCOTT**
STREET ADDRESS **118 WILLOW DRIVE LAKE MARY FL**
CITY - ST - ZIP
TITLE
NAME **WYSE, CHRISTINE C.**
STREET ADDRESS **118 WILLOW DRIVE LAKE MARY FL**
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Christine Wyse* *L. Scott Wyse* **3.1.95** **407-322-3621**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title (Include Title)