FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H98733** **(9)**

1. Corporate Name
WISE OFFICE SUPPLY, INC.

Principal Place of Business
3005 W LAKE MARY BLVD
SUITE 116
LAKE MARY FL 32746
US

Mailing Address
3005 W LAKE MARY BLVD.
#116
LAKE MARY FL 32746
US

2. Principal Place of Business
21
Street Address
22
City, State
23
Country
24 25

2a. Mailing Address
26
Street Address
27
City, State
28
Zip
29 Country
30

3. Date Incorporated For Quarter
02/07/1986

3a. Date of Last Report
03/10/1995

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

9. Name and Address of Current Registered Agent
WYSE CHRISTINE
118 WILLOW DR
LAKE MARY FL 32746

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 Section 607.0505, 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

12 OFFICERS AND DIRECTORS

T
WYSE, L. SCOTT
118 WILLOW DRIVE
LAKE MARY FL
[ ] DELETE

P
WYSE, CHRISTINE C.
118 WILLOW DRIVE
LAKE MARY FL
[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

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14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 Section 9 or Section 10 of this report, or on any attached additional sheets.

SIGNATURE: Scott Wyse SCOTT WYSE 1.17.96 407-322-3621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)