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 # **P94000055983 (8)**

1. Corporation Name

EATWISE, INC.

Principal Place of Business

503 NO. INTERLACHEN AVENUE STE. 4
WINTER PARK FL 32789

Mailing Address

503 NO. INTERLACHEN AVENUE STE. 4
WINTER PARK FL 32789

2. Principal Place of Business	2a. Mailing Address
21 919 W. SR 436	26 919 W. SR 436
22 Suite, Apt. #, etc. Ste. 280	27 Suite, Apt. #, etc. Ste. 280
23 City & State Altamonte Springs, FL	28 City & State Altamonte Springs, FL
24 Zip 32714 / 25 Country USA Seminole Cty	29 Zip 32714 / 30 Country USA Seminole Cty

3. Date Incorporated or Qualified: 07/27/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3269683 ☐ 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

CARLSEN, BETH A
503 NO. INTERLACHEN AVENUE STE. 4
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: John W. Hoyt, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 919 W. SR 436, Suite #280
83
84 City: Altamonte Springs, FL 85 Zip Code 32714

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 JOHN W. HOYT, JR. [signature], PRESIDENT — 3/7/96
Signature, typed or printed name of registered agent and title if applicable (NOT if Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☒ DELETE
NAME	CARLSEN, BETH A
STREET ADDRESS	503 NO. INTERLACHEN AVENUE STE. 4
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	President, S, D, ☐ DELETE
NAME	John W. Hoyt, Jr.
STREET ADDRESS	919 W. SR 436, Ste #280
CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
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	

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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 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: [signature] JOHN W. HOYT, JR — 3/7/96 — (407) 869-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #