FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Aug 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P94000055983

1. Corporation Name
Eatwise, INC

Principal Place of Business
407 Whooping Loop
Suite 1607
Altamonte Springs, FL
32701
US

Mailing Address
407 Whooping Loop
Suite 1607
Altamonte Springs,FL
32701
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/27/1994

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
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No X

9. Name and Address of Current Registered Agent

Hoyt, John W.
919 W. SR 436
Suite 280
Altamonte Springs FL 32714

10. Name and Address of New Registered Agent

81 Name
Hoyt Jr, John W.

82 Street Address (P.O. Box Number is Not Acceptable)
407 Whooping Loop

83
Suite 1607

84 City
Altamonte Springs FL 85 Zip Code 32701

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. Pres John W. Hoyt Jr. Pres 8-5-98
Signature, type or print name of individual. Capacity or title if applicable (NOTE: Registered Agent signature required where indicated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME		12 NAME	PSD
STREET ADDRESS		13 STREET ADDRESS	Hoyt, Jr. John W.
CITY-ST-ZIP		14 CITY-ST-ZIP	407 Whooping Loop, Suite 1607
TITLE	☐ DELETE	21 TITLE	Altamonte Springs, FL 32701
NAME		22 NAME	☐ Change ☐ Addition
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing 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: John W Hoyt Jr. Pres. John W. Hoyt, Jr. Pres 8/5/98 (407) 265-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #