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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P94000055983**1. Corporation Name

EATWISE, INC.

T IL/L/D
Feb 08, 1999 8:00am
Secretary of State

EII ED

02-08-1999 90007 040 ***150.00

Principal Place	of Business	Mailing Add	ress						
407 WHOOPING	LOOP	407 WHOOPI	NG LOOP		•				
SUITE 1607		SUITE 1607				DO NOT	WRITE IN T	HIS SPACE	
ALTAMONTE SP	RINGS FL 32701		SPRINGS FL 327	UI		3. Date incorporated or Qua			
US		US				07/27/1994			-
		1 6 · · · · · ·	A 1.d			4. FEI Number	 		applied For
2. Principal Pla	ace of Business	2a. Mailing	Address			59-3269683		 	lot Applicable
21		26				39-3209003			Additional
Suite, Apt. #	≠, etc.	<u>⊢</u> ¬, '	pt. #, etc.			5. Certifcate of Status Desire	ed 🗆	• •	Required
22		27							
City & State	•	City & S	itate			6. Election Campaign Finan	^{cing} □		May Be to Fees
23		28		0		Trust Fund Contribution			110100
Zip	Country	Zip	<u> </u>	Country		This corporation owes the Personal Property Tax.	current year	r intangible ☐ Yes	□No ·
24	25	29	30)		10. Name and Address of N	ow Register		
·-·	9. Name and Address of Curre	ent Registered Ag	ent	81	Name	10. Name and Address of the	en negion	ou rigoni	
HOV	T IOUN W/ ID	1 1 2 2 to		"	Hame				
	T, JOHN W JR			82	Street Add	dress (P.O. Box Number is Not Ad	ceptable)		
	WHOOPING LOOP								17.
	E 1607	•		. 83				4 (4)	4.34 25 1
ALIA	MONTE SPRINGS FL 32701			84	City			85 Zi	Code
								<u> </u>	
11. Pursuant t	to the provisions of Sections 607.05 egistered agent, or both, in the State	502 and 607.1508,	Florida Statutes,	the abov	e-named cor	rporation submits this statement fo	r the purpose	e of changing i	registered
- EC	egistered agent, or both, in the State on familiar with, and accept the oblig	te of Florida Such i	cnance was auu	iorizeu uv	LINE COLDUIA	alon's board of directors. Thereby	2000p: 1110 01	_	nul.
ur •	Transmittan Will, and decept the		bhalla i	Hove		PRESIDENT	1-1	7-99-	>1 4 :
SIGNATURE	JATUL VV MOZ				V/	ired when reinstating)	DATE		
	Signature, typed or printed name of registered at	gent and title it applicable.	ູ່៖ (NO1E:Re	egistereo Agei	nt signature requi	red when reinstailing)			
12.	Sign cre, typed or printed name of registered (AND DIRECTORS	⊾	13.	nt signature requi	ADDITIONS/CHANGES T	OFFICERS		
		AND DIRECTORS	DELETE		nt signature requi	ADDITIONS/CHANGES T	OFFICERS	S AND DIRECT	
12. πιε	PSD OFFICERS A	AND DIRECTORS	·	13.	nt signature requi	ADDITIONS/CHANGES To	OFFICERS		
12. TITLE NAME	PSD HOYT, JOHN W JR	AND DIRECTORS	·	13. 1.1 TITLE 1.2 NAME	T ADDRESS	ADDITIONS/CHANGES To	OFFICERS		
12. TITLE NAME STREET ADDRESS	PSD HOYT, JOHN W JR 407 WHOOPING LOOP, SUIT	AND DIRECTORS	·	13. 1.1 TITLE 1.2 NAME	T ADDRESS	ADDITIONS/CHANGES TO	OFFICERS		e Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HOYT, JOHN W JR	AND DIRECTORS	·	13. 1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS	ADDITIONS/CHANGES T	OFFICERS		e Addition
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS