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FILED
Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000076049 (3)

1. Corporation Name
WISE BUY, INC.

Principal Place of Business

2320 APALACHEE PKWY
UNIT 1
TALLAHASSEE FL 32301

Mailing Address

2320 APALACHEE PKWY
UNIT 1
TALLAHASSEE FL 32301-4939

3. Date Incorporated or Qualified

10/17/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21. SAME AS ABOVE

Suite, Apt. #, etc. " " "

22. " " "

23. " " "

24. " " "

25. LEON

2a. Mailing Address

26. SAME AS ABOVE

Suite, Apt. #, etc. " " "

27. " " "

28. " " "

29. " " "

30. LEON

4. FEI Number

59-3274190

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

O'LONE, DAN
2030 CHOWKEEBIN NENE
TALLAHASSEE FL 32301

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 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

(Signature typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME O'LONE, NANCY
STREET ADDRESS 2030 CHOWKEEBIN NENE
CITY-ST-ZIP TALL FL 32301

TITLE VP ☐ DELETE

NAME O'LONE, DAN
STREET ADDRESS 2030 CHOWKEEBIN NENE
CITY-ST-ZIP TALL FL 32301

TITLE T ☐ DELETE

NAME O'LONE, LOIS
STREET ADDRESS 1948 CHARLAIS ST.
CITY-ST-ZIP TALL FL 32311

TITLE S ☒ DELETE

NAME O'LONE, JOSEPH
STREET ADDRESS 1948 CHARLAIS ST.
CITY-ST-ZIP TALL FL 32311

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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: DAN O'LONE Dan O'Loone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97

Date

(904)-877-7702

Daytime Phone

0045494

CR2E034 (9/96)