

P95000012966

TODD A. WISEMAN  
14722 TALL TREE DR.  
LUTZ, FL 33549

TODD A. WISEMAN  
01/11/95--01068--000  
\*\*\*\*122.50 \*\*\*\*122.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Alumni, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

*Doc*  
2/15/94

FILED  
95 FEB 15 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*W95-895*

*615,611*



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

January 12, 1995

TODD A. WISEMAN  
14722 TALL TREE DRIVE  
LUTZ, FL 33549

SUBJECT: ALUMNI, INC.  
Ref. Number: W95000000875

We have received your document for ALUMNI, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6923.

Doris McDuffie  
Corporate Specialist Supervisor

Letter Number: 195A00001477

ARTICLES OF INCORPORATION  
OF  
ALUMNI, INC.

FILED  
95 FEB 15 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned hereby adopts the following Articles of Incorporation for the purpose of forming a corporation under the laws of the State of Florida:

ARTICLE I - Name

The name of the corporation is ALUMNI, INC.

ARTICLE II - Principal Office  
and Mailing Address of the Corporation

The address of the principal office of the corporation is 14722 Tall Tree Drive, Lutz, Florida 33549, and its mailing address is the same.

ARTICLE III - Commencement and Duration

The corporation is to commence its corporate existence upon filing hereof, and shall exist perpetually thereafter until dissolved according to law.

ARTICLE IV - Purpose

The corporation is organized for the purpose of transacting any and all lawful business

#### ARTICLE V - Stock

The corporation is authorized to issue ten thousand (10,000) shares of \$1.00 par value stock, which shares may be a single class.

#### ARTICLE VI - Preemptive Rights

Each shareholder of the corporation shall have the right to purchase, subscribe for, or receive a right or rights to purchase or subscribe for, at the price offered to others, a pro rata portion of any stock of any class that the corporation may issue or sell, whether or not of unissued shares authorized by the articles of incorporation as originally filed or by any amendment thereof or out of shares of stock of the corporation acquired by it after the issuance thereof.

#### ARTICLE VII - Board of Directors

All corporate powers shall be exercised by and under the authority of, and the business and affairs of the corporation shall be managed under the control of the board of directors.

The corporation shall have one director initially. The number of thereafter may be increased or decreased from time to time in accordance with the bylaws of the corporation.

The name and street address of the initial director who shall hold office until his successors, who shall be chosen at the first meeting of the stockholders have qualified shall be.

<u>Name</u>	<u>Business Address</u>
Todd A. Wiseman	14722 Tall Tree Drive Lutz, Florida 33549

#### ARTICLE VIII - Indemnification

The corporation shall indemnify any present or former officer or director, or person exercising powers and duties of director, to the full extent now or hereafter permitted by law.

#### ARTICLE IX - Bylaws

The power to adopt, alter, amend, or repeal bylaws shall be vested in the board of directors and the shareholders, but the board of directors may not alter, amend, or repeal any bylaws adopted by the shareholders if the shareholders provide that the bylaws shall not be altered, amended, or repealed by the board of directors.

#### ARTICLE X - Amendment

These articles of incorporation may be amended at any time by a vote of the majority of the voting stock of the corporation outstanding, at any regular meeting of the stockholders or at any special meeting of the stockholders called for that purpose.

#### ARTICLE XI - Incorporator

The name of the Incorporator to these articles of incorporation are.

<u>Name</u>	<u>Address</u>
Todd A. Wiseman	14722 Tall Tree Drive Lutz, Florida 33549

ARTICLE XII - Initial Registered Office and Agent

The address of the initial registered office of the corporation is 14722 Tall Tree Drive, Lutz, Florida 33549, and the name of the initial registered agent of the corporation at that address is Todd A. Wiseman.

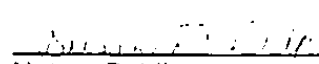
IN WITNESS WHEREOF, the undersigned, as incorporator, hereby execute these articles of incorporation this 6<sup>th</sup> day of January, 1995.

 (SEAL)  
 Todd A. Wiseman, Incorporator

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

Before me, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgements, personally appeared Todd A. Wiseman, who is personally known to me or who has produced DL # W255-801-64-239-0 as identification and who ~~and~~ (did not) take an oath.

Witness my hand and official seal this 6<sup>th</sup> day of January, 1995,  
at Tampa,  
Florida.

  
 Notary Public  
 State of Florida at Large

Commission No. : CC 294743  
 Expiration. : 7/26/97



"OFFICIAL SEAL"  
 Susan D. Delks  
 My Commission Expires 7/26/97  
 Commission #CC 294743

FILED

95 FEB 15 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

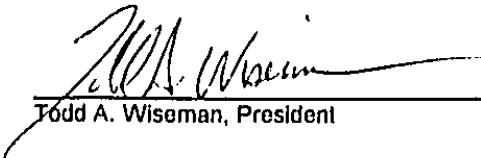
To: Department of State  
Tallahassee, Florida 32304

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN FLORIDA  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In compliance with Section 607.0501 or 617.0501 of the Florida General Corporation Act, the following is submitted:

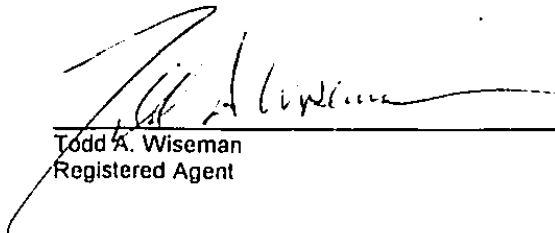
Alumni, Inc., with its place of business at 14722 Tall Tree Drive, City of Lutz, State of Florida 33549, has named Todd A. Wiseman, located at 14722 Tall Tree Drive, City of Lutz, State of Florida 33549, as its agent to accept service of process within Florida.

Dated: February 10, 1995.

  
Todd A. Wiseman, President

Having been named to accept service of process for the above-stated corporation at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and obligations of Chapter 607 of the Florida General Corporation Act.

Dated: February 10, 1995.

  
Todd A. Wiseman  
Registered Agent

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.  
AMOUNT DUE ON OR BEFORE 8/7/98: \$275 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE  
Jonathan H. Northing  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000012966 (4)

ALUMNI, INC.

FILED

96 SEP -4 AM 11:19

SECRETARY OF STATE



Principal Place of Business: 14722 TALL TREE DRIVE  
LUTZ FL 33549

Mailing Address: 14722 TALL TREE DRIVE  
LUTZ FL 33549

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 State Apt # etc		20 State Apt # etc		02/15/1995			
22 City & State		27 City & State		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired		<input type="checkbox"/> \$0.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WISEMAN, TODD A 14722 TALL TREE DRIVE LUTZ FL 33549				01 Name TODD A. WISEMAN			
				02 Street Address (P.O. Box Number is Not Acceptable)			
				14722 TALL TREE DR.			
				03			
				04 City LUTZ FL			
				FL 05 Zip Code 33549			
11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 provisions of, Section 607.0505, Florida Statutes							

SIGNATURE: *[Signature]* 8/29/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0 <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISEMAN, TODD A	12 NAME	
STREET ADDRESS	14722 TALL TREE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 617, Florida Statutes; and  
that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/96

813-978-8575  
Daytime Phone