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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P9600009647 (4) L. Corporation Name DON WISE & ASSOCIATES, INC. Principal Place of Business Mailung Address

FILED Apr 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 5221 MYAKKA VALLEY TRAIL 5221 MYAKKA VALLEY TRAIL **SARASOTA FL 34241-9658 SARASOTA FL 34241-9658** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0645150 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WISE, DONALD L **5221 MYAKKA VALLEY TRAIL** Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34241-9658 83 84 City Zip Code 85 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition WISE, DONALD L NAME 1.2 NAME 5221 MYAKKA VALLEY TRAIL STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34241-9658 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change TITLE DELETE 2.1 TITLE Addition NAME WISE, CAROLEE S 2.2 NAME 5221 MYAKKA VALLEY TRAIL STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL 34241-9658 CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6 1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP

14. Thereby 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:

Smale I Dear Dowald L. Disa Presiden

4-13-98

941-921-6375

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