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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000088745 (0)

TIMEWISE, INC.

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SIGNATURE:

Mailing Address

FILED Apr 13 1998 8:00am Secretary of State



Principal Place of Business 215-B W. WASHINGTON ST. 215-B W. WASHINGTON ST. STARKE FL 32091 STARKE FL 32091 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/25/1996 4. FEI Number 2. Principal Place of Business Applied For 59-3416010 21 26 Not Applicable 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 Zio Zip Country 8. This corporation owes or has paid the current year Intangible Yes | 25 29 Personal Property Tax due June 30. 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BROWN, TERENCE M 486 NORTH TEMPLE AVE. Street Address (P.O. Box Number is Not Acceptable) STARKE FL 32091 83 84 85 Zip Code City 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 4 applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE BELCHER, TERRY B NAME 1.2 NAME 501 S. MYRTLE STREET STREET ADDRESS 13 STREET ADDRESS STARKE FL 32091 CITY-ST-ZIP 1.4 CiTY-ST-ZiP DELETE Addition 2.1 TITLE TITLE DUGAR, DARRELL R NAME 2.2 NAME 305 S. CHURCRH STREET STREET ADORESS 2.3 STREET ADDRESS STARKE FL 32091 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition 1 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 re-lever or trustee empowered to execute his report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or or an adachment with an adverse