

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90125 028 ***150.00

DOCUMENT # P96000094476

1. Corporation Name

**WISE WAYS PSYCHOLOGICAL & CONSULTING SERVICES, I
NC.**

Principal Place of Business

**809 FIRST ST S
NEPTUNE BEACH FL 32266**

Mailing Address

**809 FIRST ST S
NEPTUNE BEACH FL 32266**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1996

4. FEI Number

59-3417976

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 615 Cherry St.

2a. Mailing Address

26 615 Cherry St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Neptune Beach FL

City & State

28 Neptune Beach, FL

Zip

24 32266 **25 USA**

Zip

29 32266 **30 USA**

9. Name and Address of Current Registered Agent

**WISE, STEVEN L
809 FIRST ST S
NEPTUNE BEACH FL 32266**

10. Name and Address of New Registered Agent

81 Name WISE, STEVEN L

82 Street Address (P.O. Box Number is Not Acceptable)

615 Cherry St

84 City Neptune Beach, FL

85 Zip Code 32266

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)

4/26/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME WISE, STEVEN L
STREET ADDRESS 809 FIRST ST S
CITY-STATE-ZIP NEPTUNE BEACH FL 32266

TITLE D ☐ DELETE
NAME WISE, KELLY
STREET ADDRESS 809 FIRST ST S
CITY-STATE-ZIP NEPTUNE BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME STEVEN WISE
1.3 STREET ADDRESS 615 CHERRY ST.
1.4 CITY-STATE-ZIP NEPTUNE BEACH FL 32266

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME KELLY WISE
2.3 STREET ADDRESS 615 CHERRY ST
2.4 CITY-STATE-ZIP NEPTUNE BEACH FL 32266

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 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 change is, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99 904 390 4600

47 757

CR2E034 (11/98)