

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000032724✓

1. Corporation Name

WISE CHOICE CONSULTING SERVICES, INC.

Principal Place of Business

4455 S. EDWARDS RD.  
PLANT CITY FL 33567

Mailing Address

4455 S. EDWARDS RD.  
PLANT CITY FL 33567

FILED  
Jul 15, 1999 8:00 am  
Secretary of State

07-15-1999 90008 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1998

4. FEI Number

59-3503972

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.



Yes



No

2. Principal Place of Business

21 13220 US HWY 92 E.

2a. Mailing Address

26 13220 US HWY 92 E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 DOVER, FL

City & State

28 DOVER, FL

Zip

24 33527

Country

25 US

Zip

29 33527

Country

30 US

9. Name and Address of Current Registered Agent

WISEMAN, TIMOTHY S  
4455 S. EDWARDS RD.  
PLANT CITY FL 33567

10. Name and Address of New Registered Agent

81 Name

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

83 13220 US HWY 92 EAST

84 City

DOVER

FL

85 Zip Code

33527

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 DPST ☐ DELETE

NAME WISEMAN, TIMOTHY S  
STREET ADDRESS 4455 S. EDWARDS RD.  
CITY-ST-ZIP PLANT CITY FL 33567

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

13220 US HWY 92 EAST  
DOVER, FL 33527

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

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 changed, or on an attachment with an address.

SIGNATURE:

*Timothy S. Wiseman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/99 (813) 759-4652  
Date Daytime Phone #

CR2E034 (5/99)

0084747

My name is Timothy S. Wiseman.

P480000032 124  
588813-90008-  
47

My Corporation is Wise Choice Consulting Services, Inc.

My Federal ID# is 59-3503972.

I just received my 1999 Profit Corporation Annual Report on 7/7/99.


It was sent to my previous address.

I moved on 8/21/98 to 13220 US Highway 92 East Dover, FL 33527.

I am enclosing the \$150.00 annual fee.

Thank you,

Tim S. Wiseman

A handwritten signature in cursive script that reads "Timothy Wiseman". The signature is written in dark ink and is positioned below the typed name.