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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000107399

1. Corporation Name

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90180 007 ***150.00

GREG W	ISE, INC.								
Principal Plac	e of Business	Mailing Address				{	JUBI HEH OEH		181(8 1811 (8 B)
•		4984 SE 137TH AVE. RD.							
4984 SE 137TH AVE. RD. 4984 SE 137TH AVE. RD. OCKLAWAHA FL 32179 OCKLAWAHA FL 32179									
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
_					_	12/24/1998			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	18 05	3 4	pplied For
21	-	26				27-51-	4000		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional Required
22		27 City & State							
City & Stat		City & State			~	6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	28	Count	trv		8. This corporation owes the currer	nt vear inta		10 1 000
24	25	_ _	30	,		Personal Property Tax.	•	Yes	b z∕n₀
24	9. Name and Address of Currer					10. Name and Address of New Re	gistered A	gent	A
_			1	81	Name				
WISE	, GREG		ļ.	22	Otro et Aululas	es (D.O. Dev Niveber is Not Assentsh	ln)		
4984	SE 137TH AVE. RD.	1	ľ	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
OCKI	AWAHA FL 32179		Įŧ	83					
			L	1				Tag 7:-	
		,	{	84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abo	ove-	named corpo	ration submits this statement for the p	urpose of c	hanging it	s registered
office or I	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was au	thorized t	bv ti	he corporation	's board of directors. I hereby accept	the appoin	iment as n	egistered
		itions of, obclion our soud, rion	da Otalai						ļ
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered A		signature required	when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	D	☐ DELETE	1.1 TITU	E	ŀ			Change	☐ Addition
NAME	WISE, BEVERLY J		1.2 NAM	Æ					
STREET ADDRESS	4984 SE 137TH AVE. RD.		1.3 STRI	EETA	ADDRESS				ļ
CITY-ST-ZIP	OCKLAWAHA FL 32179		1.4 CITY	Y-ST-	ZIP				
TITLE	D	☐ DELETE	2.1 TITU	E				Change	Addition
NAME	WISE, GREGORY A		2.2 NAM	Æ					
STREET ADORESS	4984 SE 137TH AVE. RD.								ŀ
CITY-ST-ZIP	OCKLAWAHA FL 32179		2.3 STR	EETA	ADORESS .				
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NAME		☐ DELETE		Y-ST	i			☐ Change	☐ Addition
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TITLE			2. 4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM	Y-ST- LE ME REET M Y-ST- LE ME	ADDRESS			- -	
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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 or Block 14 or Block 14 or Block 15 or Block 1

SIGNATURE:

DAREQUIRED