

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 563496 (1)

1. Corporation Name
WISE & ASSOCIATES, INC.

Principal Place of Business 701 Enterprise Rd. E. Suite 905 Safety Harbor, FL 34695	Mailing Address P.O. Box 14924 Clearwater, FL 34629
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2. Principal Place of Business 21 701 Enterprise Rd. E. Suite, Apt. #, etc. 22 #905 City & State 23 Safety Harbor, FL Zip 24 34695	2a. Mailing Address 26 P.O. Box 14924 Suite, Apt. #, etc. 27 City & State 28 Clearwater, FL Zip 29 34629 Country 30 Pinellas
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3. Date Incorporated or Qualified 7/1/1991	3a. Date of Last Report 5/1/1996
4. FEI Number 59-3074281	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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**Cullem, John PESQ
856 - 2nd Avenue N.
St. Petersburg, FL 33701**

10. Name and Address of New Registered Agent

81 Name D & B Corporate Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 5999 Central Avenue
83 Suite 202
84 City St. Petersburg
85 Zip Code FL 33710

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 re-stating)

(DATE)

12. OFFICERS AND DIRECTORS	
TITLE	P/S/T ☐ DELETE
NAME	Soltwisch, Ernest W. Jr.
STREET ADDRESS	3865 Darston Street
CITY-ST-ZIP	Palm Harbor, FL 34685
TITLE	D- ☐ DELETE
NAME	Soltwisch, Ernest W. Jr.
STREET ADDRESS	SAME
CITY-ST-ZIP	SAME
TITLE	D- ☐ DELETE
NAME	Soltwisch, M. Michele
STREET ADDRESS	3865 Darston Street
CITY-ST-ZIP	Palm Harbor, FL 34685
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	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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*****165.00**

14. I do 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:

[Signature]

4/12/97

813-726-5437

CR2E034 (9/96)