

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
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90028 046 ***150.00

DOCUMENT # S63496

1. Corporation Name

WISE & ASSOCIATES, INC.

Principal Place of Business

3865 DARSTON STREET

PALM HARBOR FL 34685

US

Mailing Address

3865 DARSTON STREET

PALM HARBOR FL 34685

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1991

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 owes the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 **3865 DARSTON ST.**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 **PALM HARBOR FL**

City & State

28 City & State

Zip Country

24 **34685** 25 **US**

Zip Country

29 **30**

9. Name and Address of Current Registered Agent

D & B CORPORATE SERVICES, INC.

5999 CENTRAL AVENUE

SUITE 202

ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

PST

☐ DELETE

NAME

SOLTWISCH, ERNEST W., JR.

STREET ADDRESS

3865 DARSTON ST

CITY-ST-ZIP

PALM HARBOR FL

TITLE

D

☐ DELETE

NAME

SOLTWISCH, ERNEST W., JR.

STREET ADDRESS

3865 DARSTON ST

CITY-ST-ZIP

PALM HARBOR FL

TITLE

D

☐ DELETE

NAME

SOLTWISCH, MICHELE M.

STREET ADDRESS

3865 DARSTON ST

CITY-ST-ZIP

PALM HARBOR FL

TITLE

D

☐ DELETE

NAME

D

STREET ADDRESS

D

CITY-ST-ZIP

D

TITLE

D

☐ DELETE

NAME

D

STREET ADDRESS

D

CITY-ST-ZIP

D

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

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99

Date

727-781-6966

Daytime Phone #

CR2E034 (11/98)