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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Corporatio	MENT # V25538 WISE-MULCH, INC.	3 (2)			
Principal Place of Business Mailing Address					NA BABAH BIRBIA BIRBIA BABA
4251 SE COMMERCE AVENUE 4251 SE COMMERCE AV			/ENUE		
STUART FL 34997 STUART FL 34997					
U\$ U\$		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 04/01/1992	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0335363	Not Applicable
Suite, Apt	₩, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		6. Certificate of Status Desired	Fee Required
City & State	o	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	
24	25 Same and Address of Current	Pagistared Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
9. Name and Address of Current Registered Agent GIANINO, PETER T. 81 Name				to, traine and Address of free Hegisteret	Agent
217 EAST OCEAN BLVD.					
STUART FL 34994			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
0	DAIL 12 04504		83		
					· · · · · · · · · · · · · · · · · · ·
			84 City	FI	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the above-named of		
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 agen	it and trie if applicable (NO	TE: Registered Agent signature r	equired when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	·	Change Addition
name .	STANLEY, JOHN		1.2'NAME		
STREET ADDRESS	5063 SE LISBON CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		1.4 CITY - ST - ZIP		
TITLE	ST CTANIEV DODANEV	☐ DELETE	2.1 TITLE		Change Addition
NAME	STANLEY, RODNEY 5015 SE LISBON CIRCLE		2.2 NAME		
STREET ADDRESS	STUART FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ST	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	STANLEY, STEVE		3.2 NAME		T cumillo Titudo (citi)
STREET ADDRESS	2328 SE DIAMOND COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 40		3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	j
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TIFLÉ		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-ZiP	portify that the information supplied wit	h this filing does not qualify.	6 4 City-St-ZiP	Lin Section 119.07(3)(i). Florida Statutes, Lifurther of	ertify that the information

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 ennual report or supplimiental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of 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 1, or of the attachment with an address.

SIGNATURE:

3/18/

56-226-0100

FILED

Mar 24 1998 8:00am

Secretary of State

R2E034 (10/97)