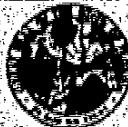


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$975

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V25891

(5)

1. Corporation Name

MCGINNIS/WISE ASSOCIATES, INC.

FILED
95 JUL 11 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% C. JEFFREY MCGINNIS
909 MAR WALT DR #1014
FT WALTON BEACH FL 32547

Mailing Address

% C. JEFFREY MCGINNIS
909 MAR WALT DR #1014
FT WALTON BEACH FL 32547

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/30/1992

3a. Date of Last Report
04/26/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-3116549

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

7. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGINNIS, C. JEFFREY
909 MAR WALT DR
STE 1014
FT WALTON BEACH FL 32547

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 DP
NAME MCGINNIS, ALAN RAY
STREET ADDRESS 4400 HWY 20 E., SUITE 306
CITY - ST - ZIP NICEVILLE FL

TITLE
NAME MCGINNIS, REGINA W
STREET ADDRESS 4400 HWY 20 E., SUITE 306
CITY - ST - ZIP NICEVILLE FL

TITLE DV
NAME WISE, DAVID R
STREET ADDRESS 128 N. PARTIN DR.
CITY - ST - ZIP NICEVILLE FL

TITLE
NAME WISE, DEBRA L
STREET ADDRESS 128 N. PARTIN DR.
CITY - ST - ZIP NICEVILLE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/S/T/
1.2 NAME MCGINNIS, ALLEN RAY
1.3 STREET ADDRESS 4400 HWY 20 E., SUITE 306
1.4 CITY - ST - ZIP NICEVILLE, FLORIDA

2.1 TITLE D/V
2.2 NAME MCGINNIS, REGINA W
2.3 STREET ADDRESS 4400 HWY 20 E., SUITE 306
2.4 CITY - ST - ZIP NICEVILLE, FLORIDA

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Allen Ray McGinnis* ALLEN RAY MCGINNIS

JULY 7, 1995 (904)897-4004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #