SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $235 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT 1995

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

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

DOCUMENT # V25891 (5)

1. Corporation Name
MCGINNIS/WISE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% C. JEFFREY MCINNIS 909 MAR WALT DR #1014 FT WALTON BEACH FL 32547	% C. JEFFREY MCINNIS 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 — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	D/P/S/T/	☒ Change ☐ Addition
NAME	MCGINNIS, ALAN RAY	1.2 NAME	MCGINNIS, ALLEN RAY	
STREET ADDRESS	4400 HWY 20 E., SUITE 306	1.3 STREET ADDRESS	4400 HWY 20 E., SUITE 306	
CITY-ST-ZIP	NICEVILLE FL	1.4 CITY-ST-ZIP	NICEVILLE, FLORIDA	
TITLE	T	2.1 TITLE	D/V	☒ Change ☐ Addition
NAME	MCGINNIS, REGINA W	2.2 NAME	MCGINNIS, REGINA W	
STREET ADDRESS	4400 HWY 20 E., SUITE 306	2.3 STREET ADDRESS	4400 HWY 20 E.,SUITE 306	
CITY-ST-ZIP	NICEVILLE FL	2.4 CITY-ST-ZIP	NICEVILLE, FLORIDA	
TITLE	DV	3.1 TITLE		☐ Change ☐ Addition
NAME	WISE, DAVID R	3.2 NAME		
STREET ADDRESS	128 N. PARTIN DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	WISE, DEBRA L	4.2 NAME		
STREET ADDRESS	128 N. PARTIN DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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 607, 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 — Daytime Phone #

012104 CP