

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

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May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V25891**

(5)

1. Corporation Name

**MCGINNIS/WISE ASSOCIATES, INC.**

Principal Place of Business

**% C. JEFFREY MCINNIS  
809 MAR WALT DR #1014  
FT WALTON BEACH FL 32547**

Mailing Address

**% C. JEFFREY MCINNIS  
809 MAR WALT DR #1014  
FT WALTON BEACH FL 32547-8711**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**03/30/1992**

3a. Date of Last Report

**04/24/1996**

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

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 **DPST** ☐ DELETE

NAME **MCGINNIS, ALAN RAY**  
STREET ADDRESS **4400 HWY 20 E., SUITE 308**  
CITY-ST-ZIP **NICEVILLE FL**

TITLE **DV** ☐ DELETE

NAME **MCGINNIS, REGINA W**  
STREET ADDRESS **4400 HWY 20 E., SUITE 308**  
CITY-ST-ZIP **NICEVILLE FL**

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D/P/S/T/** ☒ Change ☐ Addition

12 NAME **MCGINNIS, ALLEN RAY**  
13 STREET ADDRESS **1403 CAT-MAR ROAD**  
14 CITY-ST-ZIP **NICEVILLE, FLORIDA**

21 TITLE **D/V** ☒ Change ☐ Addition

22 NAME **MCGINNIS, REGINA W**  
23 STREET ADDRESS **1403 CAT-MAR ROAD**  
24 CITY-ST-ZIP **NICEVILLE, FL**

31 TITLE ☐ Change ☐ Addition

32 NAME ☐ Change ☐ Addition  
33 STREET ADDRESS ☐ Change ☐ Addition  
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME ☐ Change ☐ Addition  
43 STREET ADDRESS ☐ Change ☐ Addition  
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME ☐ Change ☐ Addition  
53 STREET ADDRESS ☐ Change ☐ Addition  
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME ☐ Change ☐ Addition  
63 STREET ADDRESS ☐ Change ☐ Addition  
64 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Allen Ray McGinnis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 28, 1997 (904)897-4004

Date

Daytime Phone #

0428866

CR2E034 (9/96)