**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: $375)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

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

**FILED**
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN26 AM 8:30

DOCUMENT # **V40551** **(6)**

1. Corporation Name

**THE WISE GROUP, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 275 HERON'S RUN DRIVE<br>719<br>SARASOTA FL 34232<br>US | 275 HERON'S RUN DRIVE<br>719<br>SARASOTA FL 34232<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1992
3a. Date of Last Report: 03/24/1994

2. Principal Place of Business
21: 5543 OLD RANCH ROAD
22: Suite, Apt. #, etc.
23: City & State: SARASOTA FL
24: Zip: 34241
25: Country: US

2a. Mailing Address
26: 5543 OLD RANCH ROAD
27: Suite, Apt. #, etc.
28: City & State: SARASOTA FL
29: Zip: 34241
30: Country: US

4. FEI Number: 59-3127145 ☐ 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

WISE, SUZANNE G.
275 HERON'S RUN DRIVE, #719
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5543 OLD RANCH ROAD
83
84 City: SARASOTA FL 85 Zip Code: 34241

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 | D | 11 TITLE | | ☑ Change ☐ Addition |
| NAME | WISE RAYMOND J. | 12 NAME | | |
| STREET ADDRESS | 275 HERON'S RUN DRIVE, #719 | 13 STREET ADDRESS | 5543 OLD RANCH ROAD | |
| CITY ST ZIP | SARASOTA FL | 14 CITY-ST-ZIP | SARASOTA FL 34241 | |
| TITLE | PVST | 21 TITLE | | ☑ Change ☐ Addition |
| NAME | WISE, SUZANNE G. | 22 NAME | | |
| STREET ADDRESS | 275 HERON'S RUN DRIVE, #719 | 23 STREET ADDRESS | 5543 OLD RANCH ROAD | |
| CITY ST ZIP | SARASOTA FL | 24 CITY-ST-ZIP | SARASOTA, FL 34241 | |
| TITLE | | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | 32 NAME | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | |
| CITY ST ZIP | | 34 CITY-ST-ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY ST ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 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:** Suzanne G Wise Suzanne G Wise 6/19/95 941-927-0688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0164446 FP