FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 441303 (5)						-				
BILL EISINGER,INC.										
Principal Place	of Rusinger	Mailing Address								
6812 N GUNLOCK AVE 6812 N GUNLOCK AVE TAMPA FL 33614 TAMPA FL 33614										
						Date Incorporated or Qualified O1/01/1074	За.	Date of Last F	•	
2 Principal Pla	Principal Place of Business 2a. Mailing Address			·· •- •- · · ·		01/01/1974 4. FEI Number	<u> </u>	04/21/19		_
21	26					59-1497281		├	Applied For Not Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	<u> </u>		Additional	\dashv
22						5. Certificate of Status Desired			Required	
City & State	· — — — — — — — — — — — — — — — — — — —					6. Election Campaign Financing			0 May Be	
Zip	Country Zip			ntry		Trust Fund Contribution			d to Fees	_
24	25 29 30			itry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes XINo				
	9. Name and Address of Current	_1_1,	1001			10. Name and Address of New R				\dashv
				81 N	ame					
EISINGER, (WILLIAM D), JR. 6812 N GUNLOCK AVENUE TAMPA FL 33614			-	82 S	treet Addre	Address (P.O. Box Number is Not Acceptable)			-	
			-							
			ľ	83						
			-	84 C	ity			85 Z	p Code	-
11 Purcuant t	o the provisions of Sections 607 0502	and 607 1509 Florida Statuta	s the eber		and contain	ation submits this statement for the purp		FL °° '		_
l orregisteri	ed agent, or both, in the State of Florida h, and accept the obligations of, Sectio	a. Such change was authorize	sa by the co	orporat	ion's boar	d of directors. I hereby accept the appo	pose c sintme	nt as registered	registered omc Lagent. Lam	9
	n, and accept the obligations of, Section	n 607.0505, Norda Statutes.								
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable (NO)	It : Registered /	\gentisg	ictore required	i when renstating)	<u>.</u>	VIE		۔ ا ۔
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFI	CERS	AND DIRECTO	DRS IN 12	(12/95)
TITLE	PD SUMMER AND A SUB-	DELETE		1. 1 TITLE				☐ Change	Addition	15
NAME ONE 1 ADDRESS	EISINGER (WILLIAM D.)JR 6812 N GUNLOCK AVENUE			đi						절
STREET ADDRESS	TAMPA FL 33614			EFT ADD						CR2E034
CITY-ST-ZIP TITLE	VS DELETE			1.4 CITY+ST-ZIP 2 1 TITLE				Change	Addition	-18
NAME	FIGUROPO (CONOTANOS I)			2 2 NAME				[] Onlingo	☐ Nooner	"
STREET AODRESS	6812 N GUNLOCK AVENUE			::- :EE1 ADD	RESS					
CITY-ST-ZIP	TAMPA FL 33614			Y-ST ZIF	1					
TITLE	DELETE 3			3 1 TITLE				Change	Addition	
NAME			3 2 NAM	3 2 NAME						
STREET ADDRESS	6812 N GUNLOCK AVENUE			33 STREET ADDRESS						
CITY-ST-ZIP				Y - ST - ZIF	<u> </u>				— 1336.	4
NAME		☐ bccc ic	4 1 111					☐ Change	☐ Addition	
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CITY-ST-ZIP				Y-ST-ZIF						
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NAME			5 2 NAN							
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CITY-ST-ZIP				r-S1-2:F						
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NAME			6.2 NAV	Æ.						
STREET ADDRESS			63518	EET ADDI	RESS					
CITY-ST-ZIP	The Alexander of the Control of the		6.4 CITY	7 - ST - ZIF	·					_

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 13 if changed, or on an attachment with an address.

SIGNATURE: William D. Lissinger, Jr.

3/13/96 813/876-8051