SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Sep 22 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000097449 (8)

CHECK'EM OUT INVESTIGATIVE SERVICES, INC. Mailing Address Principal Place of Business 13611 MCGREGOR BLVD 13611 MCGREGOR BLVD SUITE 5 SUITE 5 DO NOT WRITE IN THIS SPACE FT MYERS FL 33919 FT MYERS FL 33919 3. Date Incorporated or Qualified 3a. Date of Last Report 12/03/1996 4. FEI Numbe Applied For 2a. Mailing Address 2. Principal Place of Business 65-0722 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc Suite. Apt. #, etc. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes or has paid the current year latangible ☐ Yes Personal Property Tax due June 30. 25 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CORPORATION SERVICE COMPANY 1201 HAYS STREET 82 TALLAHASSEE FL 32301-2525 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 Horida. 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 Statules. **SIGNATURE** (KOTE: Registered Agest signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition 1.1100 TITLE MCGILL, KELLY A 1.2 NAME NAME 13611 MCGREGOR BLVD SUITE 5 1.3 STREET ADDRESS STREET ADDRESS FT MYERS FL 33919 1.4 CHTY - ST - ZIF CITY - ST - ZIP Change Addition ☐ DELETE 2.1 THU TITLE MCGILL, DIANE E 2.2 NAME NAME 13611 MCGREGOR BLVD SUITE 5 2.3 STREET ADDRESS STREET ADDRESS FT MYERS FL 33919 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3171711 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - 7:P CITY-ST-ZIP DELETE 4.1 THUE Change Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TOLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C11Y - S1 - 7(P CITY - \$T - ZIP DELFTE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 information indicated on this annual report or supplemental answel report is true and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the constraint or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 202 appears in Block 12 or Block 13 if Changed, or on an attachment with an address