

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 320497

Entity Name: F.P.I.S., INC.**Current Principal Place of Business:**220 STORY ROAD
OCOE, FL 34761-3038**Current Mailing Address:**220 STORY ROAD
OCOE, FL 34761-3038 US**FEI Number:** 59-1172680**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MIDDLETON, KENNETH M
1000 S MILLS AVE
ORLANDO, FL 32806-1311 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SECRETARY, DIRECTOR
Name	HIGGINS, LINDA
Address	5156 CREUSOT COURT
City-State-Zip:	ORLANDO FL 32839-2979

Title	PRESIDENT, DIRECTOR
Name	PRATT, BETTY J
Address	124 KRUEGER ST
City-State-Zip:	ORLANDO FL 32839-1433

Title	CEO, VP, TREASURER, DIRECTOR
Name	MIDDLETON, KENNETH MICHAEL
Address	1000 S MILLS AVE
City-State-Zip:	ORLANDO FL 32806

Title	DIRECTOR
Name	ELLIS, CHARLES L
Address	1641 S KIRKMAN RD, APT 390
City-State-Zip:	ORLANDO FL 32811-2567

Title	DIRECTOR, VP
Name	MURPHY, LAUREN A
Address	4325 OLD DOMINION RD
City-State-Zip:	ORLANDO FL 32812-7933

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MIDDLETON, KENNETH MICHAELCEO, VP, TREASURER,
DIRECTOR

01/02/2019

Electronic Signature of Signing Officer/Director Detail_____
Date