

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 499701

**Entity Name:** FISKE CONCESSIONS, INC.

**Current Principal Place of Business:**

23 NORTH FLORIDA AVE  
BROOKSVILLE, FL 34605-1177

**Current Mailing Address:**

23 NORTH FLORIDA AVE  
P O BOX 1177  
BROOKSVILLE, FL 34605-1177 US

**FEI Number:** 59-1701015

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PRICE, JERRY LEE  
23 NORTH FLORIDA AVENUE  
BROOKSVILLE, FL 34601 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 VD  
Name HUMPHREY, MRS BETTY C  
Address 908 CEDAR DRIVE  
City-State-Zip: BROOKSVILLE FL

Title VD  
Name FISKE, MRS H W  
Address 615 HOWELL AVE  
City-State-Zip: BROOKSVILLE FL

Title SD  
Name PRICE, GLENDA  
Address 23 N FLORIDA AVE  
City-State-Zip: BROOKSVILLE FL

Title PD  
Name PRICE, JERRY LEE  
Address 23 N FLORIDA AVENUE  
City-State-Zip: BROOKSVILLE FL

*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:** JERRY LEE PRICE

**PRESIDENT**

**01/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date