

**2018 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	SD	Title	PD
Name	PRICE, GLENDA	Name	PRICE, JERRY LEE
Address	23 N FLORIDA AVE	Address	23 N FLORIDA AVENUE
City-State-Zip:	BROOKSVILLE FL	City-State-Zip:	BROOKSVILLE FL
Title	DIRECTOR		
Name	STURGILL, JULIA		
Address	23 NORTH FLORIDA AVE P O BOX 1177		
City-State-Zip:	BROOKSVILLE FL 34605-1177		

*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:** GLENDA PRICE

SD

02/12/2018

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

\_\_\_\_\_  
Date