

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000043333

Entity Name: HERNANDO COUNTY INFORMATION SERVICES, INC.**Current Principal Place of Business:**7321 SUNSHINE GROVE ROAD
BROOKSVILLE, FL 34613**Current Mailing Address:**7321 SUNSHINE GROVE ROAD
BROOKSVILLE, FL 34613**FEI Number: 26-2529978****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**STAFFORD, BARRY
7321 SUNSHINE GROVE ROAD
BROOKSVILLE, FL 34613 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	CHAIRMAN
Name	SCHRAUT, GARY
Address	702 S. BRAOD STREET
City-State-Zip:	BROOKSVILLE FL 34601

Title	VICE CHAIRMAN
Name	LAMPERT, FRED
Address	2715 FOREST ROAD
City-State-Zip:	SPRING HILL FL 34606

Title	SECRETARY
Name	WEAVER, MARGARET
Address	3436 SHOAL LINE BLVD.
City-State-Zip:	HERNANDO BEACH FL 34607

Title	TRES
Name	HIRST, EDWARD
Address	13161 CORTEZ BLVD.
City-State-Zip:	BROOKSVILLE FL 34613

Title	EXECUTIVE VICE PRESIDENT
Name	STAFFORD, BARRY
Address	7321 SUNSHINE GROVE ROAD
City-State-Zip:	BROOKSVILLE FL 34613

Title	FINANCIAL
Name	HERMETET, MADELYN
Address	7321 SUNSHINE GROVE ROAD
City-State-Zip:	BROOKSVILLE FL 34613

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: BARRY STAFFORD**EVP****01/28/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date