

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90183 016 \*\*\*150.00

DOCUMENT # 398827

1. Corporation Name

INVESTORS SERVICES MANAGEMENT, INC.

Principal Place of Business

501 1ST AVENUE NORTH  
#610  
ST. PETERSBURG FL 33701  
US

Mailing Address

P.O. BOX 47575  
ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1972

4. FEI Number

59-1389501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 475 CENTRAL AVE

2a. Mailing Address

26 P.O. BOX 47575

Suite, Apt. #, etc.

22 SUITE 202

Suite, Apt. #, etc.

27

City & State

23 ST. PETERSBURG, FL

City & State

28 ST. PETERSBURG, FL

Zip

24 33701

Country

25 USA

Zip

29 33743-7575

Country

30 USA

9. Name and Address of Current Registered Agent

CURLEY, GERALD J  
150 - 2ND AVE. N  
STE. 970  
ST PETERSBURG FL 33743

10. Name and Address of New Registered Agent

81 Name

CURLEY, GERALD J.

82 Street Address (P.O. Box Number is Not Acceptable)

475 CENTRAL AVE

83

SUITE 202

84

City  
ST. PETERSBURG,

FL

85 Zip Code

33701

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 Florida. 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 Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
CURLEY, GERALD J  
STREET ADDRESS 150 2ND AVE N STE 970  
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PRES  
CURLEY, GERALD J.  
1.3 STREET ADDRESS 475 CENTRAL AVE, SUITE 202  
1.4 CITY-ST-ZIP ST. PETERSBURG, FL, 33701

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GERALD J. CURLEY, 1-22-99 - 727-894-8232

CR2E034 (1/198)