

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

FILED

Jan 29 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 488248

(6)

1. Corporation Name
ENVISORS, INC.



Principal Place of Business
2105 DUNDEE RD.
P.O. BOX 9309
WINTER HAVEN FL 33883-9309

Mailing Address
2105 DUNDEE RD.
P.O. BOX 9309
WINTER HAVEN FL 33883-9309

3. Date Incorporated or Qualified 10/24/1975
3a. Date of Last Report 01/24/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-1632398
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DARDEN, DOUGLAS M.
6781 WINTERSET GARDENS RD
WINTER HAVEN FL 33884

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS
NAME RYAN, PAUL M.
STREET ADDRESS 2145 BROOKE ROAD
CITY-ST-ZIP FT. MEADE FL 33841

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD
NAME DARDEN, DOUGLAS M
STREET ADDRESS 6781 WINTERSET GRDN
CITY-ST-ZIP WINTER HAVEN FL 33884

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DT
NAME MURPHY, DEBORAH
STREET ADDRESS 119 PANGOLA DRIVE SW
CITY-ST-ZIP WINTER HAVEN FL 33880

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DV
NAME HIGGINS, BETH L
STREET ADDRESS 6781 WINTERSET GARDENS RD.
CITY-ST-ZIP WINTER HAVEN FL 33884

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

DEBORAH L. MURPHY
CORP. TREASURER

1/15/97 941-324-1112

CR2E034 (9/96)