

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Montan
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **558622**

(7)

1. Corporation Name
IAN & COMPANY, INC.

Principal Place of Business

**% IAN SEITMAN
7617 N.W. 42ND AVE.
GAINESVILLE FL 32606**

Mailing Address

**% IAN SEITMAN
7617 N.W. 42ND AVE.
GAINESVILLE FL 32606**APPROVED
AND
FILED

95 MAY 12 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**600001487906
-05/16/95--01006--001
****225.00 ****225.00**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/01/19783a. Date of Last Report
05/01/19944. FEI Number
59-2186573Applied 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 has liability for intangible tax under S. 199.032,
Florida Statutes☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SEITMAN, IAN
6785 NEWBERRY ROAD
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

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 of agent

NOTE: Registered Agent signature required when reappointing

(DATE)

12. OFFICERS AND DIRECTORS

**PD
SEITMAN, IAN
7617 N.W. 42ND AVENUE
GAINESVILLE FL****ST
SEITMAN, KATHY
7617 N.W. 42ND AVENUE
GAINESVILLE FL**TITLE
NAME
STREET ADDRESS
CITY ST ZIPTITLE
NAME
STREET ADDRESS
CITY ST ZIPTITLE
NAME
STREET ADDRESS
CITY ST ZIPTITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD ST** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ian Seitman, President**5/10/95 9043235185**