FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 10:20

DOCUMENT # **581359** **(7)**

1. Corporation Name

FLORIDA INDEPENDENT SERVICE CORPORATION

Principal Place of Business	Mailing Address
420 E. JEFFERSON ST., SUITE 106 P.O. BOX 1461 TALLAHASSEE FL 32302	420 E. JEFFERSON ST., SUITE 106 P.O. BOX 1461 TALLAHASSEE FL 32302

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/07/1978**
3a. Date of Last Report: **02/23/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-1930183** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COOK, SAM
420 E. JEFFERSON ST.
SUITE 106
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/D	XX Change ☐ Addition
NAME	SMITH, VERNON	12 NAME	Joe Williams	
STREET ADDRESS	2211 OKEECHOBEE RD.	13 STREET ADDRESS	311 W Duvall Street	
CITY-ST-ZIP	FT. PIERCE FL	14 CITY-ST-ZIP	Jacksonville FL	
TITLE	VD	21 TITLE	V/D	XX Change ☐ Addition
NAME	WILLIAMS, JOE	22 NAME	Nick Nixon	
STREET ADDRESS	311 W. DUVAL	23 STREET ADDRESS	1417 Timberlane Road	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Tallahassee FL	
TITLE	DT	31 TITLE	T/D	XX Change ☐ Addition
NAME	NIXON, NICK	32 NAME	Guy Colado	
STREET ADDRESS	1417 TIMBERLANE RD.	33 STREET ADDRESS	1201 S Orlando Avenue	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	Winter Park FL	
TITLE	D	41 TITLE	D	XX Change ☐ Addition
NAME	MARTIN, RICHARD	42 NAME	Vernon Smith	
STREET ADDRESS	2031 HENDRICKS AVENUE	43 STREET ADDRESS	2211 Okeechobee Road	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	Ft Pierce, FL	
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	COOK, SAM	52 NAME		
STREET ADDRESS	420 E. JEFFERSON ST., SUITE 106	53 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: Sam Cook Sam Cook 6/6/95 222-6424
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020317 CP