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May 01 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 # **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 32302-1461**

3. Date Incorporated or Qualified: **08/07/1978**
3a. Date of Last Report: **02/01/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
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: Jeffrey Brady
82 Street Address (P.O. Box Number is Not Acceptable): 420 E. Jefferson Street
83: Suite 106
84 City: Tallahassee FL 85 Zip Code: 32301

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] 4/23/97
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	D	☑ DELETE	1.1 TITLE	TD	☐ Change ☑ Addition
NAME	WILLIAMS., JOE		1.2 NAME	Davis, Kimbrough	
STREET ADDRESS	311 W DUVALL ST		1.3 STREET ADDRESS	1828 W. Tennessee Street	
CITY-ST-ZIP	FT. PIERCE FL		1.4 CITY-ST-ZIP	Tallahassee, FL 32304	
TITLE	PD	☐ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	NIXON, NICK		2.2 NAME	Nixon, Nick	
STREET ADDRESS	1417 TIMBERLANE RD		2.3 STREET ADDRESS	1997 Capital Circle N.E.	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	VD	☐ DELETE	3.1 TITLE	PD	☑ Change ☐ Addition
NAME	COLADO, GUY		3.2 NAME	Colado, Guy	
STREET ADDRESS	1201 S ORLANDO AVE		3.3 STREET ADDRESS	1201 S. Orlando Avenue	
CITY-ST-ZIP	WINTER PARK FL		3.4 CITY-ST-ZIP	Winter Park, FL	
TITLE	TD	☐ DELETE	4.1 TITLE	VD	☑ Change ☐ Addition
NAME	PRICE, STEVE		4.2 NAME	Price, Steve	
STREET ADDRESS	1400 NORTH 15TH STREET		4.3 STREET ADDRESS	1400 N. 15th Street	
CITY-ST-ZIP	IMMOKALEE FL		4.4 CITY-ST-ZIP	Immokalee, FL 33934	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [signature] 4/23/97 (904) 222-6424