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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 581359

1. Corporation Name

**(7)** 

FLORIDA INDEPENDENT SERVICE CORPORATION

Principal Place of Business

Mailing Address

420 E. JEFFERSON ST., SUITE 108 P.O. BOX 1461 TALLAHASSEE FL 32302 420 E. JEFFERSON ST., SUITE 106 P.O. BOX 1461 TALLAHASSEE FL 32302 May 19 1998 8:00am Secretary of State

**FILED** 

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

|  |   |                |                               |               |   |                    | 08/07/1978  |                                    | İ             |
|--|---|----------------|-------------------------------|---------------|---|--------------------|---|------------------------------------|---------------|
| 2. Principal Pl  | lace of Business  | 2a. Ma         | 2a. Mailing Address           |               |   |                    | 4. FEI Number                                     | Ar                                 | oplied For    |
| 21   |   |                | 26                            |               |   |                    | 59-1930183  | No                                 | ot Applicable |
| Sulte, Apt. #, etc.  |   |                | Suite, Apt. #, etc.           |               |   |                    | 5. Certificate of Status Desired                  |                                    | Additional    |
| 22   |   | 27             | 27                            |               |   |                    | C. Commode of States Dosnes                       | Fee Re                             | equired       |
| City & State   | 9   | Cit            | City & State                  |               |   |                    | 6. Election Campaign Financing                    | \$5.00                             |               |
| 23   |   | 28             |                               |               |   |                    | Trust Fund Contribution                           | Added (                            | to Fees       |
| Zip  | Country   | 20             | )                             | Country       | /   |                    | 8. This corporation owes or has paid the          |                                    |               |
| 24   | 25 29 30  |                |                               | 30            | Personal Property Tax due June 30. Yes No             |                    |   |                                    |               |
|  | 9. Name and Address of Curren   | Register       | ed Agent                      | 81            | 61.   |                    | 10. Name and Address of New Register              | A Agent                            | ·             |
| GRADY, JEFFREY   |   |                |                               |               | 81 Name   |                    |   |                                    |               |
| 420 E JEFFERSON ST   |   |                |                               |               | 82 Street Address (P.O. Box Number is Not Acceptable) |                    |   |                                    |               |
| STE 106  |   |                |                               |               |   |                    |   |                                    |               |
| TALLAHASSEE FL 32301   |   |                |                               |               | 83  |                    |   |                                    |               |
|  |   |                |                               |               | Cit   | v                  |   | 85 Zip (                           | Code          |
|  |   |                |                               | 84            | l   |                    | · · · · · · · · · · · · · · · · · · ·             | ·L                                 |               |
| 11. Pursuant   | to the provisions of Sections 607.050   | and 607.1      | 1508, Florida Statut          | es, the above | e-nar   | med corpo          | oration submits this statement for the purpose    | <ul> <li>of changing it</li> </ul> | s registered  |
| agent. La  | egistered agont, or both, in the state<br>im familiar with, and accept the obliga | tions of, St   | ection 60 <b>7.0505</b> , Flo | orida Statute | yune<br>S.  | corporatio         | on's board of directors. I hereby accept the a    | ippointment as                     | Togistered .  |
| SIGNATURE  |   |                |                               |               |   |                    |   |                                    | +             |
| ORGINATOTIE  | Signature, typed or printed name of registered age                                |                |                               |               | ent sig   | nature require     | d when reinstaling) DAT                           |                                    | 1             |
| 12.  | OFFICERS AND  | DIRECTO        |                               | 13.           |   | - 12.              | ADDITIONS/CHANGES TO OFFICERS A                   |                                    |               |
| TITLE  | D   |                | DELETE                        | 1.1 TITLE     |   |                    | L. Con and  | ☐ Change                           | Addition      |
| NAME   | NIXON, NICK   |                |                               | 1.2 NAME      |   | <u>E</u> d         | die Creamer                                       |                                    | 1             |
| STREET ADDRESS   | 1997 CAPITAL CIR NE   |                |                               | 1.3 STREET    | T ADDR  | ESS 7              | 70 N. Poncedeleon Blud                            |                                    |               |
| CITY-ST-ZIP  | TALLAHASSEE FL  |                |                               | 1.4 CITY - 5  | ST - ZIP  | 34                 | Augustine, FL 32084                               |                                    |               |
| TITLE  | PO DELETE   |                | 2.1 TITLE                     | 2.1 TITLE 💆   |   | · Oi itu           | ☐ Change  | Addition 1                         |               |
| NAME   | COLADO, GUY   |                | • •                           | 2.2 NAME      |   | 10                 | ster Richard Toold                                |                                    | 1             |
| STREET ADDRESS   | 1201 S ORLANDO AVE  |                |                               | 2.3 STREET    | ADDA  |                    | 23 State Road 60 East                             |                                    | Į             |
| CITY-ST-ZIP  | WINTER PARK FL  |                |                               | 2.4 CITY-     | ST - Z#F  | La                 | ke Wales, FL 33853                                |                                    |               |
| TITLE  | VO  |                | DELETÉ                        | 3.1 TITLE     |   | Ī                  | )   | Change                             | Addition      |
| NAME   | PRICE, STEVE  |                | , ,                           | 3.2 NAME      |   | - cc               | aughlin, Susie<br>97 Capital Circle NE            |                                    |               |
| STREET ADDRESS   | 1400 NORTH 15TH STREET  |                |                               | 3.3 STREET    | T ADDR  | ESS   19           | 911 Capital Circle NE                             |                                    |               |
| CITY-ST-ZIP  | IMMOKALEE FL  |                |                               | 3.4. CITY-    | ST-ZIF  | Ta                 | Mahassac FL 32308                                 |                                    |               |
| TITLE  | TD  |                | DELETE                        | 4.1 TITLE     |   |                    | ,   | ☐ Change                           | Addition      |
| NAME   | DAVIS, KIMBROUGH  |                |                               | 4. 2 NAME     |   | 70                 | son Kobert  |                                    | ``\           |
| STREET ADDRESS   | 1828 W TENNESSEE ST   |                |                               | 4.3 STREET    | T ADDR  |                    | 388US Hwy 19 North                                |                                    |               |
| CITY-ST-ZIP  | TALLAHASSEE FL  |                |                               | 4.4 CITY - S  | ST-2IP  | 110                | um Haibol 34684                                   |                                    | .,            |
| TITLE  |   |                | ☐ DELETE                      | 5.1 TITLE     |   | D                  |   | Change                             | Addition      |
| NAME   |   |                |                               | 5.2 NAME      |   |                    | locie, Waton                                      |                                    | ' '           |
| STREET ADDRESS   |   |                |                               | 5.3 STREET    | T ADDR  |                    | 05 E'Orange 5+.                                   |                                    |               |
| CITY-ST-ZIP  |   |                |                               | 5.4 C/TY - 5  |   |                    | Keland, FL 33801                                  |                                    |               |
| TITLE  |   | <del></del> -  | DELETE                        | 6.1 TITLE     |   |                    |   | ☐ Change                           | Addition      |
| NAME   |   |                |                               | 6.2 NAME      |   | 1                  | aylor, Stan                                       |                                    | ' `           |
| STREET ADDRESS   |   |                |                               | 6.3 STREET    | I ADDA  | <sub>ESS</sub> ∣⊋( | 017 Mc Gregor Blud.                               |                                    |               |
| CITY-ST-ZIP  |   |                |                               | 6.4 CiTY - 5  |   |                    | 4 Myers, FL 33901                                 |                                    |               |
|  | certify that the information supplied w   | th this filing | u does not qualify for        |               |   |                    | Section 119.97(3)(i), Florida Statutes. I further | r certify that the                 | information   |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.87(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 eath; 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. |   |                |                               |               |   |                    |   |                                    |               |

Attrichment to #13:
Addition

D

Grady, Jeffrey W.

420 E. Jefferson Street
Suite 106

Tallahassee, FL 32301