## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLOR:DA DEPARTMENT OF STATE Saridra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

637994 CUMENT #

(5)

## FLORIDA INVESTORS SERVICE CORPORATION

	of Business	Mailing Address			
900 W HIGHWAY 50 900 W HIGHWAY					
CLERMONT FL 34711		CLERMONT FL 34711			
				3. Date Incorporated or Qualified 10/01/1979	3a. Date of Last Report 08/11/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
1]		26		59-1948906	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3 Zip	Country	20	Country	Trust Fund Contribution  8. This corporation has liability for	Added to rees
4	25	29	30	Florida Statutes 🔲 Yes	; <b>₩</b> No
	9. Name and Address of Curren	it Registered Agent		10. Name and Address of New I	Registered Agent
			81 Name		
	i, dennis l		82 Street Add	Iress (P.O. Box Number is Not Acceptal	ole)
	IGHWAY 50		83		
CLERMO	NT FL 32711-2873		63		
			84 City		FL 85 Zip Code
11 Pursuant to	the provisions of Sections 607 0502	and 607,1508. Florida Statu	ites, the above named corpo	oration submits this statement for the pu	imose of changing its registered office
or registere	ed agent, or both, in the State of Fioric h, and accept the obligations of, Sect	da. Such change was author	ized by the corporation's boa	ard of directors. Thereby accept the app	pointment as régistered agent. Lam
	n, and accept the obligations of, Sect	IOH 007.0000, Horida Statute	53.		
SIGNATURE _	Signature types or protectively explored agents	tand the mapping as the	DIE Rogerbood Aport signature to pre-		DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1 1 TITLE		Change Addition
NAME	HORTON, DENNIS L.		1.2 NAME		
STREET ADDRESS	11233 ELDERBERRY CT.		1.3 STREET ADDRESS		
CITY - ST - ZIP	CLERMONT FL	☐ DELETE	1.4 CITY-ST ZIP 2.1 TITLE		Change Addition
TITLE	D HODTON CUZETTE I	["] Detere	2 2 NAME		
NAME	HORTON, SUZETTE L. 11233 ELDERBERRY CT.		23 SIR(ELADDRESS		
	IIZGG ELUKINDENNI CI.		2.5 STALL LEADINGS		
			5.4.6.TV C1.710		
CITY-ST-ZIP	CLERMONT FL	T DELETE	2.4 C/TY - ST - 7/P 3.1 T/H/F		Change Addition
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CITY-ST-ZIP TITLE NAME		DELETE	3 1 TIFLE		□ Change □ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	3-1 TIFLE 3-2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		C] DELETE	3 1 TIFLE 3 2 NAME 3 3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			3 1 TIFLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			3 1 TIFLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST- ZIP 4 1 TIFLE		
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SIGNATURE:

SIGNATURE AND TYPED OFF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

7/27/16 (364) 394,4008