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Mar 06 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 # F94000001713 (6)

1. Corporation Name
TICE INVESTIGATIONS INC.



Principal Place of Business

PO BOX 10072
NAPLES FL 33941

Mailing Address

PO BOX 10072
NAPLES FL 34101-0072

3. Date Incorporated or Qualified
04/05/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 721 9th St S #2

Suite, Apt. #, etc.

22 #2

City & State

23 NAPLES

Zip 34102

Country

24 34102

25

2a. Mailing Address

26 721 9th St S #2

Suite, Apt. #, etc.

27

City & State

28 NAPLES

Zip

29 34102

30

Country

4. FEI Number

13-3464263

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

VAN POUCKE, CATHY
7306 ASCOT CT #6
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

STANFORD C. TICE

82 Street Address (P.O. Box Number is Not Acceptable)

721 9th St S #2

83

84

City

NAPLES

FL

34102

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 *Stanford C. Tice*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME TICE, STANFORD C

STREET ADDRESS PO BOX 20365

CITY - ST - ZIP NEW YORK CITY NY 10028

TITLE ☒ DELETE

NAME VAN POUCKE, CATHY

STREET ADDRESS 7306 ASCOT CT #6

CITY - ST - ZIP NAPLES FL 33942

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

721 9th St S #2

NAPLES FLORIDA 34102

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANFORD C. TICE 941-436-3988

Date Daytime Phone #

CR2E034 (9/96)