FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Mar 19 1998 8:00am **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # F94000001713 (6) TICE INVESTIGATIONS INC. Principal Place of Business Mailing Address 721 9TH ST #2 721 9TH ST NAPLES FL 34102 DO NOT WRITE IN THIS SPACE NAPLES FL 34102 3. Date Incorporated or Qualified 04/05/1994 20. Mailing Address 2. Principal Place of Business 21 72 9 (Su. Applied For 13-3464263 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 34<u>102</u> Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TICE, STANFORD C 721 9TH ST S Box Number Is Not Acceptable) 82 83 APLES FL 34102 84 <u>/७२</u> 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, typed or printed hisne of registered agent and title if applicable (NOTE: Rog stered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE NAME TICE, STANFORD C 1.2 NAME 721 9TH ST S #2 STREET ADORESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE 21 TITLE Change ___ Addition TITLE NAME 22 NAME 2 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change ___ Addition TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CiTY-ST-ZiP CITY-ST-ZIP Change Addition DELETE TITLE 51 TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Addition 6 1 TITLE TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

14. Thereby 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 suppliemental 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.

FILED

941-436.3988