

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

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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L84958** (2)

1. Corporation Name
ELLISON INVESTIGATIVE AGENCY, INC.



Principal Place of Business 7820 S. HOLIDAY DRIVE 255 SARASOTA FL 34231 US	Mailing Address P. O. BOX 17902 SARASOTA FL 34276-0902 US
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2. Principal Place of Business 21 1819 GLENGARY ST Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 17902 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/03/1990	3a. Date of Last Report 06/04/1996
22 SARASOTA City & State		27 —		4. FEI Number 65-0077780 x (65-0268044)	Applied For Not Applicable
23 Sarasota, Fla. City & State		28 SARASOTA, FL City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 34231	25 USA	29 34276	30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent ELLISON, JAMES 7820 S. HOLIDAY DRIVE 255 SARASOTA FL 34231				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent 81 Name JAMES ELLISON 82 Street Address (P.O. Box Number is Not Acceptable) 1819 GLENGARY ST. 83 84 City SARASOTA FL 85 Zip Code 34231	
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 <i>James Ellison</i> JAMES ELLISON 2/20/97 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLISON, JAMES	1.2 NAME	JAMES ELLISON
STREET ADDRESS	7820 S. HOLIDAY DRIVE #255	1.3 STREET ADDRESS	1819 GLENGARY ST.
CITY-ST-ZIP	SARASOTA FL 34231	1.4 CITY-ST-ZIP	SARASOTA, FLA. 34231
TITLE	VSTD <input type="checkbox"/> DELETE	2.1 TITLE	VSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLISON, ISABEL	2.2 NAME	ISABEL ELLISON
STREET ADDRESS	7820 S. HOLIDAY DRIVE #255	2.3 STREET ADDRESS	1819 GLENGARY ST.
CITY-ST-ZIP	SARASOTA FL 34231	2.4 CITY-ST-ZIP	SARASOTA, FLA. 34231
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Isabel Ellison* **ISABEL ELLISON** 2/20/97 (941) 927-2583
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)