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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 29, 1999 8:00 am Secretary of State **Katherine Harris**

03-29-1999 90022 005 ***150.00

DOCUMENT # L84958 1. Corporation Name ELLISON INVESTIGATIVE AGENCY, INC.				
Principal Place of Business Mailing Address				
1819 GLENGARY ST. PO BOX 17902				
SARASOTA FL 34231 SARASOTA FL 34276				50 NOT WELL 11 THE 20105
US US		US		DO NOT WRITE IN THIS SPACE
				3. Date incorporated or Qualifed
				07/03/1990 4. FEI Number Applied For
2. Principal Place of Business		2a. Mailing Address		65-0268044 Not Applicable
21		Suite, Apt. #, etc.		\$8.75 Additional
Suite, Apt. #, etc.		27		5. Certificate of Status Desired Fee Required
		City & State		6. Election Campaign Financing \$5.00 May Be
— '	5	28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25		0	Personal Property Tax.
	9. Name and Address of Curren		<u> </u>	10. Name and Address of New Registered Agent
		<u> </u>	81 Name	Day
ELLISON, JAMES			82 Street	Address (P.O. Box Number is Not Acceptable)
1819 GLENGARY ST			oz Sueet	Tadioas (1.3. Dox natifiliari sa nat
SARASOTA FL 34231			83	10 ()
			1 2	sig Glengary 31
			84 City	FL 85 Zio Gode
11 Pursuant to the provisions of Sections 607 0502 and 607/508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered				
11. Pursuant to the provisions of Sections 607,0502 and 607,0508, 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 Great 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.				
	m ramiliar with and accept the doligar	dons of Section 601 0505, Florid	ia Statutes.	
SIGNATURE	Signature/proed or printed name of registered agen	t and title if applicable. (NOTE: R	egistered Agent signature i	required when reinstating) DATE
12.	OFFICE AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD //	XDELETE	1.1 TΠ'LE	P.V.S.T. D. Addition
NAME	ELLISON, JAMES		1.2 NAME	Rick L. Young.
STREET ADDRESS	1819 GLENGARY ST.		1.3 STREET ADDRESS	1819 Glengary Ost
City-ST-ZiP	SARASOTA FL 34231		1.4 CITY-ST-ZIP	Saus of R 34231
TITLE	VSTD	DELETE	2.1 TITLE	☐ Change ☐ Addition ∫
NAME	ELLISON, ISABEL	, ,	2.2 NAME	
STREET ADDRESS	1819 GLENGARY ST.		2.3 STREET ADDRESS	
	SARASOTA FL 34231		2.4 CITY-ST-ZIP	
CITY-ST-ZIP	UNICOUNT L OTZOT	☐ DELETE	3.1 TITLE	Change Addition
· 1		C 04	3.2 NAME	
NAME			3.3 STREET ADDRESS	
STREET ADDRESS				
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
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NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP	Change Addition
TITLE			5.1 TITLE 5.2 NAME	
NAME I				
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		O SCI CTC	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
TITLE		☐ DELETÉ		☐ Change ☐ Additoft [
NAME	•		6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-7IP			6.4 CITY-ST-ZIP	

14. I 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 ap address, with all other like empowered.

SIGNATURE: