

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:34

DOCUMENT # P27149 (4)

1. Corporation Name

AISCO, INC.

Principal Place of Business

**100 N. MAIN ST., STE. 300
EAST PEORIA FL 32111**

Mailing Address

**100 N. MAIN ST., STE. 300
EAST PEORIA FL 32111**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

12/06/1989

3a. Date of Last Report

05/01/1994

4. FID Number

37-1220655

Agent Fee

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Does corporation have liability for enterprise tax under s. 1101 (2)(c)?

Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

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9. Name and Address of Current Registered Agent

**HOUCK, ROBERT
6400 MANATEE AVENUE WEST
SUITE L-103
BRADENTON FL 34209**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature of registered agent or registered agent and officer

Signature of registered agent and officer

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

**PO
CHANG, ANDRE PHILIP
5 CRANFORD DR
WASHINGTON IL**

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

**SD
BURGAUER, JAMES OTTO
35 PENDLETON WAY
BLOOMINGTON IL**

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

13. APPOINTMENT CHANGES FOR OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST., ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST., ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST., ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST., ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST., ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST., ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY, ST., ZIP

**Vice President
Lisa J. Strong
804 W. Maywood
Peoria, IL 61604**

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1101(1)(10), Florida Statutes. I further certify that the information included 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 make this report as required by Chapter 607, Florida Statutes, and that my receipt appears on this report. If the report is filed as an attachment with an affidavit.

SIGNATURE: Lisa J. Strong, Vice President
SIGNATURE WHEN TYPED OR PRINTED NAME: **Lisa J. Strong**

6/22/95 (309) 699-6688