

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Norman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

57 JAN 23 PM 4:21

DOCUMENT # P92000012108 (6)

1. Corporation Name

BISOUS, INC.

Principal Place of Business

P.O. BOX 3475
WEST PALM BEACH FL 33402

Mailing Address

P.O. BOX 3475
WEST PALM BEACH FL 33402

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/15/1992	3a. Date of Last Report 03/14/1994
4. FEI Number 59-3158398	Applied For ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt., #, etc.	Suite, Apt., #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

HENRY, THORNTON M
505 S. FLAGLER DR.
SUITE 1100
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	PORTLOCK, ANN B	1.2 NAME	
STREET ADDRESS	850 W LK OTIS DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	1.4 CITY - ST - ZIP	
TITLE	DVP	2.1 TITLE	☐ Change ☐ Addition
NAME	HENRY, ANN P	2.2 NAME	
STREET ADDRESS	3028 WASHINGTON RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	MCADAMS, CLARE P	3.2 NAME	
STREET ADDRESS	250 NINTH ST SE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	3.4 CITY - ST - ZIP	
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	PORTLOCK, SAMUEL W	4.2 NAME	
STREET ADDRESS	1002 A LK ELBERT DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	4.4 CITY - ST - ZIP	
TITLE	DS	5.1 TITLE	☐ Change ☐ Addition
NAME	PORTLOCK, FRANK D	5.2 NAME	
STREET ADDRESS	243 9TH ST SE	5.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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:

Ann B. Portlock, Pres.

1/17/95

813-294-7371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANN B. PORTLOCK, PRES.