FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000003127 (6)**

1. Corporate Name

IKE & OTHERS, INC.

Principal Place of Business

ONE SARASOTA TOWER, SUITE 404
SARASOTA FL 34236

Mailing Address

ONE SARASOTA TOWER, SUITE 404
SARASOTA FL 34236

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated/Qualified: **01/14/1993**

3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: **65-0392700** ☐ Applied For ☐ Not Applicable

Suite, Apt. # or P.O. Box
22

Suite, Apt. # or P.O. Box
27

5. Certificate of Status (Desired) ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip
24

County
25

Zip
29

County
30

8. This corporation has been, for changes not under S. 199.032 Florida Statutes, ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GAUSE, W. PEYTON JR
ONE SARASOTA TOWER, SUITE 404
TWO NORTH TAMIAMI TRAIL
SARASOTA FL 34236

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 Section 607.1622 and/or 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: D NAME: EISENHOWER, KRISTINA L STREET ADDRESS: 2197 HARBOURSIDE DR CITY-ST-ZIP: LONGBOART KEY FL	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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)(i), Florida Statutes. I further certify that the corporation named in this report or supplemental annual report is true and correct 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 above, or on an attachment with an address.

SIGNATURE: Kristina Eisenhower 4/28/95 (813) 366-7795

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0488303 FP