

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 JUN 22 PM 2:55

DOCUMENT # P 93000042303 (6)

1. Corporation Name

ISDRS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001522408

-06/23/95--01086--024

****225.00 ****225.00

Principal Place of Business

Mailing Address

same

5390 BURNING TREE CIRCLE
STUART, FL 34997

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/10/1993

3a. Date of Last Report

4/11/94

2. Principal Place of Business

2a. Mailing Address

21 5390 BURNING TREE

26 5390 BURNING TREE CIRCLE

4. FEI Number

65-0421206

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State

23 STUART, FL

27 City & State

28 STUART, FL

24 Zip

34997

25 Country

29 MARTIN

26 Zip

34997

30 Country

31 MARTIN

9. Name and Address of Current Registered Agent

CASEY W. MILLS, P.A.
600 South Andrews Ave
Suite 600
FORT LAUDERDALE, FL 33301

10. Name and Address of New Registered Agent

81 Name
CONSTANCE BROWNE HABERMANN
82 Street Address (P.O. Box Number is Not Acceptable)
5390 BURNING TREE CIRCLE
83
84 City
STUART
85 Zip Code
FL 34997

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

Constance Browne Habermann

6/13/95

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D HABERMANN, CONSTANCE BROWNE
5390 BURNING TREE CIRCLE
STUART, FL 34997

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D KREBSBACH, FREDERICK E.
6195 NW 55 LANE
TAIDAAE, FL 33319

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
D KREBSBACH, FREDERICK E.
2014 144 GLEN
MURFREESBORO, TN 37129

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(b), 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

Constance Browne Habermann

6/13/95

1-407-283-9916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CONSTANCE BROWNE HABERMANN

Date

Daytime Phone #