

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 14:39

DOCUMENT # **P93000083176 (6)**

1. Corporation Name
FIYI, INC.
P.O. Box 350681
Grand Island, FL 32735
904-821-1996

Principal Place of Business

12121 LITTLE ROAD
STE - 330
HUDSON FL 34667
US

Mailing Address

Mike Miller
P.O. Box 350681
Grand Island, FL 32735
904-821-1996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/29/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3227050

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

21 **520 HUNKIN COURT**

2a. Mailing Address

26 **520 HUNKIN COURT**

Suite, **Mike Miller**
P.O. Box 350681

Suite, Apt. **P.O. Box 350681**
Grand Island, FL 32735

City & State **Grand Island, FL 32735**

City & State **Grand Island, FL 32735**

23 **904-821-1996**

28 **MARCO ISLAND**

Zip **33937** Country **USA**

Zip **33937** Country **USA**

9. Name and Address of Current Registered Agent

FISHER, ARTHUR W III
5553 W. WATERS AVENUE
SUITE 316
TAMPA FL 33634

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: Signature (printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MILLER, MICHAEL**
STREET ADDRESS **12121 LITTLE ROAD / STE 330**
CITY ST ZIP **HUDSON FL**
Mike Miller
P.O. Box 350681
Grand Island, FL 32735
904-821-1996

TITLE **D**
NAME **HOFMEYER, CHERYL**
STREET ADDRESS **12121 LITTLE ROAD / STE 330**
CITY ST ZIP **HUDSON FL**

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

11 TITLE **Mike Miller** ☒ Change ☐ Addition
12 NAME **P.O. Box 350681**
13 STREET ADDRESS **520 HUNKIN COURT**
14 CITY ST ZIP **Grand Island, FL 32735**
904-821-1996
MARCO ISLAND, FL 33937

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS **520 HUNKIN COURT**
24 CITY ST ZIP **MARCO ISLAND, FL 33937**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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(2)(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:

Michael Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-95

(904)821-1996