

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90044 010 ***150.00

DOCUMENT # P94000078677

1. Corporation Name

INVESTIGATIVE AUDIT SERVICES, INC.



Principal Place of Business

P.O. BOX 1427
WINTER GARDEN FL 34777

Mailing Address

P.O. BOX 1427
WINTER GARDEN FL 34777

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 15 Bahia Way

Suite, Apt. #, etc.

22 City & State

23 Leesburg, FL

24 Zip 34788

25 Country Lake

2a. Mailing Address

26 15 Bahia Way

Suite, Apt. #, etc.

27 City & State

28 Leesburg, FL

29 Zip 34788

30 Country Lake

3. Date Incorporated or Qualified

10/24/1994

4. FEI Number

59-3275945

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

EASTERDAY, ALLEN E
179 ROPER DRIVE
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name

EASTERDAY, Allen E.

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

15 Bahia Way

83

Leesburg,

84 City

Leesburg

FL

85 Zip Code

34788

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

Address Change Only

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME EASTERDAY, ALLEN E
STREET ADDRESS 179 ROPER DRIVE
CITY-ST-ZIP WINTER GARDEN FL ☐ DELETE

TITLE ST
NAME EASTERDAY, ARLENE L
STREET ADDRESS 179 ROPER DR
CITY-ST-ZIP WINTER GARDEN FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME EASTERDAY, Allen E.
1.3 STREET ADDRESS 15 Bahia Way
1.4 CITY-ST-ZIP Leesburg, FL 34788

2.1 TITLE ST ☒ Change ☐ Addition
2.2 NAME EASTERDAY, Arlene L
2.3 STREET ADDRESS 15 Bahia Way
2.4 CITY-ST-ZIP Leesburg, FL 34788

3.1 TITLE
3.2 NAME ☐ Change ☐ Addition
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Allen E. Easterday

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99 (352) 365-9631

Date

Daytime Phone #

CR2E034 (11/98)