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

**PROFIT CORPORATION** ANNUAL REPORT



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

1996

P95000011122 (5) **DOCUMENT #** 

1.	Corporation Name							
	NISLEY IN	ESTMENTS.	INC.					

Principal Place of Business

Mailing Address

2535 BEE RIDGE RD. SARASOTA FL 34239

2535 BEE RIDGE RD. SARASOTA FL 34239



							3. Date Incorporated or Qualified 02/07/1995	3a. Dal	te of Last	Report
2. Principal Plac	ce of Business	2a. Má	ailing Address				4. FEI Number		T_	Applied For
21		26					65-0560707		ļ	Not Applicable
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State			ty & State	w-1147			Election Campaign Financing     Trust Fund Contribution			00 May Be led to Fees
Zip	Country 25	Zir	)	70 Cot	intry		8. This corporation has liability for Florida Statutes	intangible s	tax under	s 199.032,
24	g. Name and Address of Curi		ed Agent	1001	7		10. Name and Address of New	Registered	Agent	
ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG, P.A., ATTN. THOMAS HOPKINS 2033 MAIN ST., SUITE 600					81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83					
	TA FL 34237				84	City		FI	85	Zip Code
11. Pursuant to	o the provisions of Sections 607.05 and agent, or both, in the State of Fi	502 and 607.1 lorida. Such ch	508, Florida Statut lange was authoriz	tes, the ab	ove-r corp	l named corpor oration's boar	ration submits this statement for the part of directors. I hereby accept the app	roose of c	pagging it	s registered office ed agent. I am
familiar with	h, and accept the obligations of, S	ection 607.050	05, Florida Statute:	S.						
-	Signature, typed or printed name of registered a				:i Ager	nt signature require	d when reinstating)	DATE	ID DIDE O	Y000 N. 40
12.		AND DIRECTO		13.		т	ADDITIONS/CHANGES TO OF	FICERS AN	Chang	
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NAME	NISLEY, ANDREW M			1.2 1	VAME.	ļ				
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Loo hereby ceruly that the information supplied with this ning is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report of 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 this centratory or the receiver or to stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if control of the receiver of the section of the section of the receiver of the section of th

SIGNATURE:

SIGNATURE AND TYPE

Andrew M Nisley R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

941-923-4041 Daytinie Phone #