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

CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000011122 (5)

NISLEY INVESTMENTS, INC.

Principal Place of Business	Mailing Address
2535 BEE RIDGE RD.	2535 BEE RIDGE RD.
SARASOTA FL 34239	SARASOTA FL 34239

## **FILED** May 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/07/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0560707 Not Applicable Suite, Apt. #, etc. Suite, Ant. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country Ζφ Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG, P.A., ATTN. THOMAS HOPKINS Street Address (P.O. Box Number is Not Acceptable) 82 2033 MAIN ST., SUITE 600 83 SARASOTA FL 34237 84 City 85 Zip Code 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

agent. I a	m familiar with, and accept the obligations of, Section 607.0	505, Florida	a Statutes.	poralions board or dire	actors, i nereby accept	ше арропинен	as radistaran
SIGNATURE	Stonature, typed or printed name of requitered agent and title if applicable	(NOTE: Re	gistered Agent signatura	required when reinstating)		DATE	
12.	OFFICERS AND DIRECTORS		13.		/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 12
TITLE	D DEL	LETE	1.1 TITLE			☐ Chan	e Addition
NAME	NISLEY, ANDREW M		1.2 NAME				
STREET ADDRESS	2535 BEE RIDGE RD.		1.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34239		1.4 CITY-ST-ZIP				
TITLE	DEL	ETE	2.1 TITLE			Chang	je 🔲 Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2 4 CITY-ST-ZIP				
TITLE	□ DEL	LETE	3.1 TITLE			Chan	e Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE	DEL	LETE	4.1 TITLE			☐ Chang	e 🔲 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-SY-ZIP			4.4 CITY-ST-ZIP				
TITLE	☐ DEL	.ETE	5.1 TITLE			Chang	e 🔲 Addition
NAME			5.2 NAME	i			
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE	D£L	ETE	6.1 TITLE			☐ Chang	e Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
A)TV 47 TO			A 4 0 1714 OT 710				

14. Thereby 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 run an 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 fursteet enpowered 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:

4/23/98

941-923-4041