

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000016339 (0)**

1. Corporation Name

ALL PROFESSIONAL INVESTIGATIONS, INC.



Principal Place of Business

**616 N. HIGH STREET
DELAND FL 32720**

Mailing Address

**616 N. HIGH STREET
DELAND FL 32720**

3. Date Incorporated or Qualified

02/28/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3296941

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

9. Name and Address of Current Registered Agent

**LASHBROOK, PAUL N
315 SE SEVENTH STREET
SUITE 100
FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81

Name

82

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

83

84

City

FL

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 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 of Agent or Director (if registered agent, the title is optional)

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D

**VORHIS, SUZANNE A
616 N. HIGH STREET
DELAND FL 32720**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

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TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

P/D

Willis, Suzanne A

☒ Change

☐ Addition

2. TITLE

2. NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

D

**Willis, E. Walter
616 N. High Street
DeLand, FL 32720**

☐ Change

☒ Addition

3. TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change

☐ Addition

4. TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change

☐ Addition

5. TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change

☐ Addition

6. TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change

☐ Addition

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 119.07(3)(k), 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:

Suzanne A. Willis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suzanne A. Willis

John A. Willis

904-738-0201

CR2E034 (12/95)