

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

FILED

Mar 02 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000073547 (8)

1. Corporation Name

ISIS ENTERPRISES, INC. OF CENTRAL FLORIDA

Principal Place of Business

Mailing Address

505 US HWY 27 N  
AVON PARK FL 33825

505 US HWY 27 N  
AVON PARK FL 33825



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1995

4. FEI Number

65-0602126

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 505 U.S. 27 North

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 Avon Park, FL

28

Zip

Country

Zip

Country

24 33825

25

HIGHLANDS

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLOWERS, DAVID  
505 US HWY 27 N  
AVON PARK FL 33825

81 Name

JOHN H. LUNSFORD, JR.

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

505 U.S. 27 N.

83

AVON PARK, FL 33825

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, typed or written name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2.23.98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME FLOWERS, DAVID W  
STREET ADDRESS 505 US HWY 27 N  
CITY-ST-ZIP AVON PARK FL 33825

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

PRESIDENT  
JOHN H. LUNSFORD, JR.  
505 U.S. 27 N.  
AVON PARK, FL 33825

TITLE ☐ DELETE

NAME LUNSFORD, JOHN H JR  
STREET ADDRESS 505 US HWY 27 N  
CITY-ST-ZIP AVON PARK FL 33825

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

VICE PRESIDENT  
DAVID W. FLOWERS  
505 US 27 N,  
AVON PARK, FL 33825

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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.

SIGNATURE

2.23.98

CR2E034 (10/97)