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Secretary of State

04-20-1999 90002 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000042608

1. Corporation Name

INDEPENDENT SPECIALTIES INSTALLERS, INC.

Principal Place of Business

34245 RIDGE MANOR BLVD.
RIDGE MANOR FL 33523

Mailing Address

34245 RIDGE MANOR BLVD.
RIDGE MANOR FL 33523

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1998

4. FEI Number

59-3525394

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 Fees8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **5041 TREIMAN BLVD**
Suite, Apt. #, etc.

2a. Mailing Address

28 **5041 TREIMAN BLVD.**
Suite, Apt. #, etc.

22 City & State

23 **Dade City, FL**
Zip Country

27 City & State

28 **Dade City, FL**
Zip Country24 **33523**25 **Hernando**29 **33523**30 **Hernando**

9. Name and Address of Current Registered Agent

VONDRAN, DAVID
34245 RIDGE MANOR BLVD.
RIDGE MANOR FL 33523

10. Name and Address of New Registered Agent

81 Name **DAVID VONDRAN**
82 Street Address (P.O. Box Number is Not Acceptable)
5041 Treiman Blvd
83
84 City **Dade City** **FL** 85 Zip Code **33523**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETENAME **DAVID VONDRAN**
STREET ADDRESS **5041 Treiman Blvd.**
CITY-ST-ZIP **Dade City, FL 33523**1.2 TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP1.3 TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP1.4 TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP1.5 TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP1.6 TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exception 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

SIGNATURE REQUIRED

4-14-99

Date

Daytime Phone #

CR2E034 (1/1/98)