

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S12811 (3)

1. Corporation Name

ISOLA & THEISEN INVESTMENT PROPERTIES, INC.



Principal Place of Business

P O BOX 941483
MAITLAND FL 32794-1483
US

Mailing Address

P O BOX 941483
MAITLAND FL 32794-1483
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

11/15/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3038346

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

ISOLA, ROBERT E., SR.
111 S. MAITLAND AVE.
SUITE 213
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

Isola, Robert E. SR.

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

235 S. Maitland Ave.

83 Suite

Suite 114

84 City

Maitland,

FL

85 Zip Code

32751

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

TITLE ☐ DELETE

NAME ISOLA, ROBERT E., SR.
STREET ADDRESS 111 S MAITLAND AVE STE 213
CITY-ST-ZIP MAITLAND FL

TITLE ☐ DELETE

NAME THEISEN, ROBERT W., JR.
STREET ADDRESS 111 S MAITLAND AVE STE 213
CITY-ST-ZIP MAITLAND FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME Isola, Robert E. SR.
STREET ADDRESS 235 S. Maitland Ave. Suite 114
CITY-ST-ZIP Maitland, FL. 32751

2.1 TITLE ☒ Change ☐ Addition

NAME Theisen, Robert W., Jr.
STREET ADDRESS 111 S. Maitland Ave Suite 214
CITY-ST-ZIP Maitland, FL. 32751

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Isola, SR.

1/17/96

(407)539-1118

Date

Daytime Phone #

CR2E034 (12/95)