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Jan 27, 1999 8:00am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S41353

1. Corporation Name

INDEPENDENT INFORMATION SERVICES, INC.

Principal Place of Business

6998 N. U.S. HWY 27
SUITE 200
OCALA FL 34482
US

Mailing Address

6998 N. U.S. HWY 27
SUITE 200
OCALA FL 34482
US

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

9. Name and Address of Current Registered Agent

JONES, CONNIE B.
975 N.W. 70TH TERRACE
OCALA FL 34482

3. Date Incorporated or Qualified

03/28/1991

4. FEI Number

59-3066353

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME JONES, CONNIE B.
STREET ADDRESS 975 N.W. 70TH TERRACE
CITY-ST-ZIP Ocala FL 34482

TITLE SD ☐ DELETE

NAME CAVANAUGH, PEGGY M.
STREET ADDRESS 7809 N.W. 125 ST.
CITY-ST-ZIP REDDICK FL 32686

TITLE ☐ DELETE

NAME JONES, CONNIE B.
STREET ADDRESS 975 N.W. 70TH TERRACE
CITY-ST-ZIP Ocala FL 34482

TITLE ☐ DELETE

NAME JONES, CONNIE B.
STREET ADDRESS 975 N.W. 70TH TERRACE
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TITLE ☐ DELETE

NAME JONES, CONNIE B.
STREET ADDRESS 975 N.W. 70TH TERRACE
CITY-ST-ZIP Ocala FL 34482

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)