FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL 26 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S 55761

1. Corporate Name
INSTITUTE OF CERTIFIED INVESTMENT SPECIALISTS, INC.

Principal Place of Business
405 Andrew Jackson Tr.
Gulf Breeze, FL 32561

Mailing Address
Box 1552
Gulf Breeze, FL
32562

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1991
3a. Date of Last Report: 04/30/94

2. Principal Place of Business
21 408 Andrew Jackson Tr.
Suite Apt # etc. 22
City & State 23 Gulf Breeze, FL
Zip 24 32561 County 25 Santa Rosa

2a. Mailing Address
26 Box 1552
Suite Apt # etc. 27
City & State 28 Gulf Breeze, FL
Zip 29 32562 County 30 Santa Rosa

4. FEI Number: 59-3111224 — 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
BRUCE FRANKLIN WELLS
408 ANDREW JACKSON TRAIL
GULF BREEZE, FL 32561

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 BRUCE FRANKLIN WELLS 05/09/95
(Typed Name of Registered Agent) (Signature of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS

TITLE: PRESIDENT
NAME: BRUCE FRANKLIN WELLS
STREET ADDRESS: 408 ANDREW JACKSON TR.
CITY, ST, ZIP: GULF BREEZE, FL 32561

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

800001547988
-07/27/95--01070--010
****225.00 ****225.00

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

7/26/95 MSt

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

14. I hereby certify that the information supplied with this report is complete and accurate. I further certify that the information indicated on this annual report or application for reinstatement complies with the requirements of Chapter 607, Florida Statutes. I further certify that the officers and directors of the corporation, if the corporation is required to file annual reports as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: BRUCE FRANKLIN WELLS 05/09/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

904-932-0226
Daytime Phone #

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # **S55963** **(0)**

1. Corporate Name
HIERS, INC.

Principal Place of Business
5654 GREEN FOREST DR
JACKSONVILLE FL 32244

Mailing Address
5654 GREEN FOREST DR
JACKSONVILLE FL 32244

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/30/1991**
3a. Date of Last Report: **05/20/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: **NOT APPLICABLE** — 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
HIERS, JEAN L.
5654 GREEN FOREST DR
JACKSONVILLE FL 32244

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

12. OFFICERS AND DIRECTORS

TITLE	PV
NAME	HIERS, JEAN L
STREET ADDRESS	5654 GREEN FOREST DR
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	ST
NAME	GOOGE, BILLIE JEAN
STREET ADDRESS	5654 GREEN FOREST DR
CITY, ST, ZIP	JACKSONVILLE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	P.	HIERS, JEAN L.	☒ Change ☐ Addition
NAME		5654 Green Forest Dr.	
STREET ADDRESS		JAX 32244	
CITY, ST, ZIP			
TITLE	V.	Googe, Billie Jean	☒ Change ☐ Addition
NAME		5644 Green Forest Dr.	
STREET ADDRESS		JAX 32244	
CITY, ST, ZIP			
TITLE	T	Debra J. Hiers	☐ Change ☒ Addition
NAME		7005 Old Middleburg Rd	
STREET ADDRESS		JAX FLA.	
CITY, ST, ZIP			
TITLE	S.	Kelly Hiers	☐ Change ☒ Addition
NAME		5654 Green Forest Dr.	
STREET ADDRESS		JAX 32244	
CITY, ST, ZIP			
TITLE		700001545387	☐ Change ☐ Addition
NAME		-07/25/95--01064--020	
STREET ADDRESS		****225.00 ****225.00	
CITY, ST, ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			

HIERS 7/11/95

14. I hereby certify that the information indicated on the original report or amendment to the original report on file with the Florida Department of State is accurate and that my signature shall constitute the same legal effect as if made under oath that I am a director or officer of the corporation or the registered agent required to execute the report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with an asterisk.

SIGNATURE: Jean L. Hiers JEAN L. HIERS 5-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

0124042 FP