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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V06329

(9)

1. Corporation Name

FISKE ASSOCIATES, INC.



Principal Place of Business

7151 SE GREENVIEW PLACE
LOBLOLLY PINES
HOBE SOUND FL 33455

Mailing Address

7151 SE GREENVIEW PLACE
LOBLOLLY PINES
HOBE SOUND FL 33455-8043

3. Date Incorporated or Qualified
01/14/1992

3a. Date of Last Report
02/02/1996

2. Principal Place of Business

21 6919 SE MORNING DOVE WAY
Suite, Apt. #, etc.

22 HOBE SOUND
City & State

23 FL.

24 33455
Zip

25 USA
Country

2a. Mailing Address

26 6919 SE MORNING DOVE WAY
Suite, Apt. #, etc.

27 HOBE SOUND
City & State

28 FL.

29 33455
Zip

30 USA
Country

4. FEI Number

06-1336013

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

FISKE, GUY W.
7151 SE GREENVIEW PLACE
LOBLOLLY PINES
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name

FISKE, Guy W.

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

6919 SE MORNING DOVE WAY
HOBE SOUND

83 City

FL

85 Zip Code
33455

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

Guy W. Fiske

11/12/97

Signature of person in position of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME FISKE, GUY W.
STREET ADDRESS 7151 SE GREENVIEW PLACE
CITY-ST-ZIP HOBE SOUND FL ☐ DELETE

TITLE D
NAME FISKE, E. JACQUELINE
STREET ADDRESS 7151 SE GREENVIEW PLACE
CITY-ST-ZIP HOBE SOUND FL ☐ DELETE

TITLE D
NAME FISKE, Guy W.
STREET ADDRESS 6919 SE MORNING DOVE WAY
CITY-ST-ZIP HOBE SOUND, FL. ☐ DELETE

TITLE D
NAME FISKE, E. JACQUELINE
STREET ADDRESS 6919 SE MORNING DOVE WAY
CITY-ST-ZIP HOBE SOUND, FL. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE FISKE, Guy W. ☒ Change ☐ Addition
1.2 NAME 6919 SE MORNING DOVE WAY
1.3 STREET ADDRESS HOBE SOUND FL.
1.4 CITY-ST-ZIP

2.1 TITLE FISKE, E. JACQUELINE ☒ Change ☐ Addition
2.2 NAME 6919 SE MORNING DOVE WAY
2.3 STREET ADDRESS HOBE SOUND, FL.
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guy W. Fiske 11/12/97

Date

Daytime Phone

CR2E034 (9/96)