

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V25034** (2)

1. Corporation Name

PREMIER INVESTIGATIONS, INC.

Principal Place of Business

1326 WILDERNESS LANE
TITUSVILLE FL 32796

Mailing Address

P. O. BOX 2548
TITUSVILLE FL 32781
US

FILED

1995 JUL 27 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/27/1992** 3a. Date of Last Report **08/09/1994**

4. FEI Number **59-3116435** 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

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

24

25

Country

29

30

9. Name and Address of Current Registered Agent

**COOK, ROBERT A.
4747 S. WASHINGTON AVE.
SLIP D-20
TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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]*

(Signature of person named as registered agent and their representative)

(Signature of Registered Agent substitute requested, where applicable)

(Date)

7/24/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE: **DP**
NAME: **COOK, ROBERT A.**
STREET ADDRESS: **4747 S. WASHINGTON AVE.**
CITY, ST, ZIP: **TITUSVILLE FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE: **DVS**
NAME: **LINDSEY, DONNA J.**
STREET ADDRESS: **4747 S. WASHINGTON AVE.**
CITY, ST, ZIP: **TITUSVILLE FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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(9)(b), 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 this 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 as an attachment with an addition.

SIGNATURE: *[Signature]*

(Signature and typed or printed name of signing officer or director)

7/24/95 *(407)* *383-4042*