

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 4-23-96 B-4269 C

DOCUMENT # V25633 (1)

1. Corporation Name

INFRARED SERVICE CORPORATION



Principal Place of Business

123972 BROOKFIELD CT
ORLANDO FL 32837
US

Mailing Address

3956 TOWN CENTER BLVD
SUITE 136
ORLANDO FL 32837
US

3. Date Incorporated or Qualified

04/02/1992

3a. Date of Last Report

08/16/1995

2. Principal Place of Business

21 12972 Brookfield Cir.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3096690

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

SCHIVLEY, JAMES D.
1945 CROSSHAIR CIRCLE
ORLANDO FL 32837

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 S ☐ DELETE

NAME SCHIVLEY, JAMES D
STREET ADDRESS 1945 CROSSHAIR CIRCLE
CITY-ST-ZIP ORLANDO FL

TITLE VP ☒ DELETE

NAME SCHIVLEY, JAMES D.
STREET ADDRESS 1945 CROSSHAIR CIRCLE
CITY-ST-ZIP ORLANDO FL

TITLE PT ☐ DELETE

NAME SCHIVLEY, LINDA DARDEN
STREET ADDRESS 1945 CROSSHAIR CIRCLE
CITY-ST-ZIP ORLANDO 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 12972 Brookfield Cir
1.4 CITY-ST-ZIP Orlando FL 32837

2.1 TITLE ~~VP~~ ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VPT ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 12972 Brookfield Circle
3.4 CITY-ST-ZIP Orlando, FL 32837

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 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

4/05/96 407-859-1923

Daytime Phone #

CR2E034 (12/95)