

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1998.
AMOUNT DUE ON OR BEFORE 8/8/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # V46139

(4)

1. Corporation Name

FICKEISSEN CORPORATION

95 AUG -9 PM 2:35

Principal Place of Business

Mailing Address

~~640 VIA ARLAND CIR.~~
~~APOPKA FL 32712~~
~~US~~

~~640 VIA ARLAND CIR.~~
~~APOPKA FL 32712~~
~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/01/1992

3a. Date of Last Report

06/07/1994

4. FEI Number

59-3130071

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

2. Principal Place of Business

2a. Mailing Address

21 772 WHITE IVEY CT.

26 772 WHITE IVEY CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA, FL

City & State

APOPKA, FL

Zip

32712

Country

SEMINOLE

Zip

32712

Country

SEMINOLE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FICKEISSEN, MICHAEL J.

~~605 YOUNGSTOWN PKWY.~~

~~#290~~

~~ALTAMONTE SPRINGS FL 32714~~

81 Name

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

772 WHITE IVEY CT.

83

84

APOPKA

FL

85

Zip Code

32712

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

MICHAEL FICKEISSEN - PRESIDENT

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

FICKEISSEN, MICHAEL J.

STREET ADDRESS

~~605 YOUNGSTOWN PKWY #290~~

CITY - ST - ZIP

~~ALTAMONTE SPRGS. FL~~

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

772 WHITE IVEY CT.
APOPKA, FL 32712

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

MICHAEL FICKEISSEN

8/1/95 407-884-4860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR