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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V47374 1. Corporation Name

FISHER'S AUCTION SERVICES, INC.

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90030 043 ***150.00



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The state of the		
06/24/1992		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	-	Applied For
21 26 59-3132921		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired		Additional
22 . 27	Fee I	Required
City & State City & State 6, Election Campaign Financing		O May Be
23 Trust Fund Contribution	Adde	d to Fees
Zip Country Zip Country 8. This corporation owes the current year Intang	gible	_ 1
24 25 29 30 Personal Property Tax.	Yes	□No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	ent	
81 Name		
FOX, GARRICK N., ESQUIRE		
1416 E. ROBINSON ST. 82 Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32801 83		
FL 8	85 Zi	p Code
	onging	ita ragistarad
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 cha 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	anging i nent as	registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE		1
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE P DELETE 1.1 TITLE	☐ Chang	e Addition
NAME FISHER, RAY 1.2 NAME		
STREET ADDRESS 110 ROBERTS STREET 1.3 STREET ADDRESS		
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 1.4 CITY-ST-ZIP		
TITLE V DELETE 21 TITLE		
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14. I 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, with all other like empowered.

SIGNATURE: