

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000057318

Entity Name: THEOPLIS, INC.**Current Principal Place of Business:**1600 W. 9TH ST.
RIVIERA BEACH, FL 33404**Current Mailing Address:**P.O. BOX 16
FORT LAUDERDALE, FL 33302 US**FEI Number: 65-0509413****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, THEOPLIS L
1600 W 9TH STREET
RIVIERA BEACH, FL 33404 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	WILSON, THEOPLIS L
Address	1600 W. 9TH ST.
City-State-Zip:	RIVIERA BEACH FL 33404

Title	TSD
Name	WILSON, AUDIE BERNARD
Address	1600 W. 9TH ST.
City-State-Zip:	RIVIERA BEACH FL 33404

Title	D
Name	WILSON II, PLINA
Address	2294 PORTLAND AVE
City-State-Zip:	RODCHESTER NY 14621

Title	VMD
Name	WILSON, TERRY L
Address	1600 W 9TH STREET
City-State-Zip:	RIVIERA BEACH FL 33404

Title	VD
Name	WILSON, TED A
Address	227 EDINBURGH STREET
City-State-Zip:	RODCHESTER NY

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THEOPLIS L WILSON**D****04/29/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date