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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

000001521410
-06/23/95--01011--006
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # H36307

1. Corporation Name

Esposito And Associates, Inc.
11451 San Jose Blvd.
Jacksonville, Fl. 32223

Principal Place of Business / Mailing Address

Esposito And Associates, Inc.
11451 San Jose Blvd.
Jacksonville, Fl. 32223

3. Date Incorporated or Qualified: 12/31/84
3a. Date of Last Report: 06/24/94

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24
Country — 25: Duval
Zip — 29
Country — 30

4. FEI Number: #59-2474984 ☐ 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

9. Name and Address of Current Registered Agent

John R. Esposito
11451 San Jose Blvd.
Jacksonville, Fl. 32223

10. Name and Address of New Registered Agent

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 John R. Esposito — 05/22/95
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 IN 12	
TITLE P NAME STREET ADDRESS CITY ST ZIP	Esposito, John R. 11712 Loretto Woods Ct. Jacksonville, Fl. 32223	11 TITLE P 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	XX Change ☐ Addition Esposito, John R. 11719 Heather Grove Lane Jacksonville, Fl. 32223
TITLE VP NAME STREET ADDRESS CITY ST ZIP	Esposito, Michael J. 11712 Loretto Woods Ct. Jacksonville, Fl. 32223	21 TITLE VP 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	XX Change ☐ Addition Esposito, Michael J. 11719 Heather Grove Lane Jacksonville, Fl. 32223
TITLE S NAME STREET ADDRESS CITY ST ZIP	Esposito, Nicole R. 11712 Loretto Woods Ct. Jacksonville, Fl. 32223	31 TITLE S 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	XX Change ☐ Addition Esposito, Nicole R. 11719 Heather Grove Lane Jacksonville, Fl. 32223
TITLE T NAME STREET ADDRESS CITY ST ZIP	Esposito, Glenda S. 11712 Loretto Woods Ct. Jacksonville, Fl. 32223	41 TITLE T 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	XX Change ☐ Addition Esposito, Glenda S. 11719 Heather Grove Lane Jacksonville, Fl. 32223
TITLE NAME STREET ADDRESS CITY ST ZIP		51 TITLE D 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change XX Addition Dowling, Janet M. 13050 Gillespie Ave. Jacksonville, Fl. 32218
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☐ Addition 525 6/21/95

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)(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.

SIGNATURE: John R. Esposito — 05/22/95 — 904-268-7283
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #