## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

H36307 DOCUMENT # 1. Corporation Name

(7)

FILED								
Jan 23	1998	8:00am						
Secre	etary o	of State						

ESPOS	RITO AND ASSOCIATES, INC	<b>).</b>					
						<u> </u>	
Principal Plac	e of Business	Mailing Address				OL OLDIY GACAY ETDIY OLDIY OL	
11451 SAN JOSE BLVD. 11451 SAN JOSE BLVD.							
JACKSONVILLE FL 32223 JACKSONVILLE FL 32223					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	IN THIS SPACE	
					12/31/1984		
2. Principal P	lace of Business	2a. Mailing Address	s		4. FEI Number	I A	pplied For
21 26				59-2474984	N	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		C.		5. Certificate of Status Desired	7 7 7 7 7	Additional	
27						Fee R	equired
City & State		· · · ·	City & State		6. Election Campaign Financing		May Be
Zip	Country	Z <sub>I</sub> p	Coun	trv	Trust Fund Contribution  8. This corporation owes or has pa		to Fees
24	25	29	30		Personal Property Tax due June		] No
	9. Name and Address of Current				10. Name and Address of New Re		
ES	POSITO, JOHN R.		4	Name			
	451 SAN JOSE BLVD.		l <sub>t</sub>	32 Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
JA	CK80NVILLE FL 32223		Ļ				
			į.	33			
			1	34 City		<b>85</b> Zip	Code
44 Durawant	to the provisions of Pastions 607 0503	ond 607 1509 Clorida	Statutes the ab	ave nomed core	paration submits this statement for the n	FL Ba Zip	ite registered
office or r	egistered agent, or both, in the State of	of Florida. Such change	was authorized	by the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	of the appointment as	registered
	m tamiliar with, and accept the obligat	tions of, Section 607.05	US, Florida Statu	tes.			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registered	Agent signature requi	red when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	FORCOTTO JOURI R	☐ DELE				☐ Change	Addition
NAME	ESPOSITO, JOHN R. 11719 HEATHER GROVE LAN	<b>E</b>	1.2 NAA	-			
STREET ADDRESS	JACKSONVILLE FL 32223	<b>G</b>		EET ADDRESS			
CITY-ST-ZIP TITLE	VP	☐ DELE		'-ST-ZIP		Change	Addition
NAME	ESPOSITO, MICHEAL J.		2.2 NAA			O.Ggo	
STREET ADDRESS	11719 HEATHER GROVE LAN	E		EET ADORESS			
CITY-ST-ZIP	JACKSONVILLE FL 32223			Y-ST-ZIP			
TITLE	8	☐ DELE				Change	Addition
NAME	ESPOSITO, NICOLE R	_	3.2 NAN	RE			
STREET ADDRESS	11719 HEATHER GROVE LAN	E	3.3 STR	EET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32223			Y-ST-ZIP		——————————————————————————————————————	1 4400-
TALE	ESPOSITO, QLENDA S.	☐ DELE		1		☐ Change	☐ Addilion
NAME	11719 HEATHER GROVE LAN	E	4. 2 NAI	1			
STREET ADDRESS	JACKSONVILLE FL 32223	<b>-</b>		EET ADDRESS			
CITY-ST-ZIP TITLE	D	☐ DELE		'-ST-ZIP		Change	Addition
NAME	DOWLING, JANET M	عدد ب	5.2 NAM	i		<u> </u>	
STREET ADDRESS	13050 GILLESPIE AVE.			EET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32218			-ST-ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·	DELE				☐ Change	Addition
NAME			6.2 NAN	IE			
STREET ADDRESS			63 STR	EET ADDRESS			
CITY-ST-ZIP		) II 64	64 CITY	-ST-ZIP	0 - 2 - 140 bayovii - 5 - 1 - 0 - 1	F - 14	

14. Thereby 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 court 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 of 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 champed, or on an attachment with an address.