FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

	1996	DIVISION O	F CORPORA	ATIC	ONS			
DOCUI	MENT # P9500	0091852 (0)					
	E'S RESOURCE, INC.						Dåila Häind allalli bidd	. 48484 BJ018 4181 (BB0)
Principal Place of Business Mailing Address								i injali alila libi dabi
13311 DON LOOP 13311 DON LOC SPRING HILL FL 34609 SPRING HILL FL			1609					
						3. Date incorporated or Qualified 12/04/1995	3a. Date of L	ast Report
2. Principal Pla 21	ace of Business	2a. Mailing Address 26				59-334730	7	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution	11 '	\$5.00 May Be Added to Fees
Zip Country 25		Zip 29	Country 30		8. This corporation has liability for Florida Statutes	intangible tax un	der s 199.032,	
	9. Name and Address of Curro	ent Registered Agent				10. Name and Address of New I	Registered Age	nt
				81	Name			
RAILING,	RAILING, JACQUELINE			82	Street Add	iress (P.O. Box Number is Not Acceptal	ide)	
	ON LOOP			83				
SPRING	HILL FL 34609			63				
				84	City		FL 85	5 Zip Code
11 Dureuant t	to the provisions of Sections 607 050	12 and 607 1508 Florida Statu	ites the abo	We-r	named corno	oration submits this statement for the pu	mose of changin	la its registered office
or register	ed agent, or both, in the Stale of Flo th, and accept the obligations of, Se	rida. Such change was authori	izea by the a	corp	oration's boa	and of directors. I hereby accept the app	ointment as regis	stered agent. I am
SIGNATURE .	Signalure, typod or printed name of registered age	nt and fills if androthic (N	IOTE: Basisterari	Anon	t Signal an read in	ed when reinstating)	DATE	
12.	. 	ND DIRECTORS	13.	rege	i agrata o roga	ADDITIONS/CHANGES TO OFF		ECTORS IN 12
THILE	D	DELETE	1.17	ITLE			Cr	nange Addition
NAME	RAILING, CHRISTOPHER	•	1.2 N	AME				
STREET ADDRESS	13311 DON LOOP		1.3 \$	TREET	ADDRESS			
CITY-ST-ZIP	SPRING HILL FL 34609		1.4 CI	IY-S	T - 71P			
TITLE	D	DELETE	2 1 1			-	□ Ct	hange 🔲 Addition
NAME	RAILING, JACQUELINE		2.2 N	AME				
STREET ADDRESS	13311 DON LOOP		235	TAFET	ADDRESS			
CITY-ST-ZIP	SPRING HILL FL 34609		2.4 CITY		i			
TITLE	0.14.70 11.22 12 0.100	DELETE	3. 1 T				☐ CF	hange Addition
NAME		_	3.2 N	AMF				
STREET ADDRESS					ADDRESS		• *	
CITY-ST-ZIP					J. ZIP			
THILE		☐ DELETÉ	4.17		7 · Z1		Cr	hange Addition
NAME.		<u> </u>	4 2 N					-
					ADDRESS			
STREET ADDRESS					T-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	5 1 1		11 - ZIF		☐ Ct	hange Addition
	i e				1		_	

6.4 CITY-ST-ZIP

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 12 or no an accomplete with an address.

5 2 NAME

6 1 TITLE

62 NAME

53 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

SIGNATURE:

NAME

TULE

NAME

STREET ADDRESS CITY+ST-ZIP

STREET ADDRESS

DELETÉ

4-21-96 952-666-3954

☐ Change

Addition

CR2E034 (12/95)