FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 10:05

DOCUMENT # **431739** **(2)**

1. Corporation Name

EXECUTIVE MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
~~1940 BUFORD BLVD~~ ~~PO BOX 13099~~ TALLAHASSEE FL ~~32317~~	~~1940 BUFORD BLVD~~ PO BOX 13099 TALLAHASSEE FL 32317

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/30/1973
3a. Date of Last Report: 05/01/1994

21	2. Principal Place of Business: 644 Capital Circle NE	26 2a. Mailing Address
22	Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23	City & State	28 City & State
24 / 25	Zip: 32301 / Country: Leon	29 / 30 Zip / Country: Leon

4. FEI Number: 59-1541163 ☐ 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

~~RHINEHART JR, R S~~
~~1940 BUFORD BLVD~~
TALLAHASSEE, FL
~~32317~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 644 Capital Circle N.E.

83

84 City: FL 85 Zip Code: 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE	☒ Change ☐ Addition	
NAME	RHINEHART, DEAN T	1.2 NAME		
STREET ADDRESS	~~1940 BUFORD BLVD~~	1.3 STREET ADDRESS	644 Capital Circle NE	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	32301	
TITLE	P	2.1 TITLE	☒ Change ☐ Addition	
NAME	RHINEHART, JR, ROBERT S	2.2 NAME		
STREET ADDRESS	~~1940 BUFORD BLVD~~	2.3 STREET ADDRESS	644 Capital Circle NE	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	32301	
TITLE		3.1 TITLE	☐ Change ☐ Addition	
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	☐ Change ☐ Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	☐ Change ☐ Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change ☐ Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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, added or deleted.

SIGNATURE: X _____ 4/3/95 1-800-342-0051
FIRST NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT S. RHINEHART, JR.

040010 FP