

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F04204** (6)

1. Corporation Name

ESSENTIAL SERVICE AND SUPPLY, INC.



Principal Place of Business

Mailing Address

**5230 ORTEGA FARMS BLVD.
PO BOX 7554
JACKSONVILLE FL 32238**

**5230 ORTEGA FARMS BLVD.
PO BOX 7554
JACKSONVILLE FL 32238**

3. Date Incorporated or Qualified

11/03/1980

3a. Date of Last Report

03/21/1995

2. Principal Place of Business

2a. Mailing Address

21 **ROUTE 3 Box 1556**

26 **ROUTE 3 Box 1556**

4. FEI Number

59-2040684

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

23 **BONIFAY, FLA.**

28 **BONIFAY, FLA.**

City & State

City & State

Zip

24 **32425**

Country

25 **HOLMES**

Zip

29 **32425**

Country

30 **HOLMES**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACMASTER, WALLACE
5230 ORTEGA FARMS BLVD.
JACKSONVILLE FL 32238**

81 Name **MAC MASTER, WALLACE**
82 Street Address (P.O. Box Number is Not Acceptable)
ROUTE 3 Box 1556 SAND PATH Rd.
83
84 City **BONIFAY** FL 85 Zip Code **32425**

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

Wallace MacMaster

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

WALLACE, MACMASTER

5230 ORTEGA FARMS BLVD.

JACKSONVILLE, FL 00000

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 13 if changed, or on an attachment with an address.

SIGNATURE

Wallace MacMaster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wallace MacMaster 109/96

Date

Daytime Phone #

CR2E034 (12/95)