

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State
07-15-1999 90007 041 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F16884 ✓
1. Corporation Name
EXECUTIVE SOUTHERN INVESTIGATIONS, INC.

Principal Place of Business	Mailing Address
679 WELLINGTON STATION BLVD P.O. BOX 2753 ORMOND BEACH FL 32174 US	679 WELLINGTON STATION BLVD P.O. BOX 2753 DAYTONA BEACH FL 32115 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/30/1981	
21		26		4. FEI Number 59-2224130	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WALKER, ROBERT K. 679 WELLINGTON STATION BLVD ORMOND BEACH FL 32174		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, ROBERT K.	1.2 NAME	
STREET ADDRESS	679 WELLINGTON STATION BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, JAMES T.	2.2 NAME	
STREET ADDRESS	679 WELLINGTON STATION BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 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: SIGNATURE REQUIRED 7-7-99 904-672-1420

CR2E034 (5/99)



EXECUTIVE SOUTHERN INVESTIGATIONS, INC.

WARREN WALKER
(1941-1988)

FEDERAL ID#59-222-4130
STATE LIC. #A 0001284

P.O. BOX 2753
DAYTONA BEACH, FL 32115
904-672-1420

ROBERT K. WALKER

JULY 7, 1999

DEPARTMENT OF STATE
ANNUAL REPORTS FILINGS
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL 32314


RE: PROFIT CORPORATION ANNUAL REPORT (2ND NOTICE)

DEAR SIR OR MADAM:

ON JULY 6, 1999, WE RECEIVED OUR 1999 PROFIT CORPORATION ANNUAL REPORT PACKET (2ND NOTICE), STATING WE OWED \$550.00 FOR OUR FILING FEE. PLEASE BE ADVISED, WE NEVER RECEIVED OUR 1ST NOTICE. WE TELEPHONED YOUR OFFICE AT (850) 488-9000 ON JULY 6, 1999 AND SPOKE WITH SHAWN GREEN, DOCUMENT EXAMINER. HE INSTRUCTED US TO WRITE THIS LETTER OF EXPLANATION AND TO INCLUDE OUR ANNUAL REPORT, ALONG WITH OUR CHECK FOR ONE HUNDRED FIFTY DOLLARS AND NO CENTS (\$150.00) AND FORWARD IT TO YOUR ATTENTION.

WE ARE ENCLOSING OUR CHECK NUMBER 5249 FOR \$150.00, ALONG WITH OUR ANNUAL REPORT. PLEASE FEEL FREE TO CONTACT US IF YOU HAVE ANY QUESTIONS OR IF WE CAN BE OF FURTHER ASSISTANCE TO YOU, IN THIS MATTER.

SINCERELY YOURS,


ROBERT K. WALKER
PRESIDENT

ENCLOSURES

RKW/b

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