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 # **H85663** **(3)**

1. Corporation Name
EISMAN & RUSSO, INC.

Principal Place of Business
8031 PHILLIPS HWY SUITE #6
JACKSONVILLE FL 32256

Mailing Address
8031 PHILLIPS HWY SUITE #6
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified: 11/18/1985
3a. Date of Last Report: 08/31/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24
Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29
Country 30

4. FEI Number: 59-2606484 ☐ 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**

EISMAN, RICHARD W.
8031 PHILLIPS HWY SUITE #6
JACKSONVILLE FL 32256

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
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

Field	Value	
TITLE	VD	☐ DELETE
NAME	EISMAN, RICHARD W.	
STREET ADDRESS	11109 STOWE COTTAGE LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	☐ DELETE
NAME	RUSSO, THOMAS E.	
STREET ADDRESS	4176 FELDWOOD COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	☐ DELETE
NAME	GREENE, MICHAEL F	
STREET ADDRESS	3840 VIA DE LA REINA	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VICE PRESIDENT / DIRECTOR	☐ DELETE
NAME	JAMES S. DANIEL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Value	
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VICE PRESIDENT / DIRECTOR	☐ Change ☒ Addition
4.2 NAME	JAMES S. DANIEL	
4.3 STREET ADDRESS	3320 BOWERS LANE	
4.4 CITY-ST-ZIP	JAX FL 32257	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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: Michael Greene 1/18/96 904-733-1478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MICHAEL GREENE

CR2E034 (12/95)