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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
8031 PHILLIPS HWY SUITE #6 JACKSONVILLE FL 32256	8031 PHILLIPS HWY SUITE #6 JACKSONVILLE FL 32256-7400

3. Date Incorporated or Qualified: 11/18/1985
3a. Date of Last Report: 02/02/1996

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

2. Principal Place of Business	2a. Mailing Address
21 6455 POWERS AVE	26 6455 POWERS AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 JACKSONVILLE FL	28 JACKSONVILLE FL
24 Zip 32217 / 25 Country USA	29 Zip 32217 / 30 Country USA

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: MICHAEL F. GREENE
82 Street Address (P.O. Box Number is Not Acceptable): 6455 POWERS AVE
83
84 City: JACKSONVILLE FL 85 Zip Code: 32217

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: Michael Greene MICHAEL GREENE, CFO DATE: 1/8/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EISMAN, RICHARD W.		1.2 NAME		
STREET ADDRESS	11109 STOWE COTTAGE LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RUSSO, THOMAS E.		2.2 NAME		
STREET ADDRESS	4176 FELDWOOD COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GREENE, MICHAEL F		3.2 NAME		
STREET ADDRESS	3840 VIA DE LA REINA		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DANIEL, JAMES S		4.2 NAME		
STREET ADDRESS	3320 BOWERS LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 attached sheet with an address.

SIGNATURE: Michael Greene MICHAEL F. GREENE 1/8/97 904-733-1478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #