

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J74403 (3)

1. Corporation Name

E.P.S.S., INC.



Principal Place of Business

Mailing Address

% JOSEPH FRANCIS BLAIR
2562 W. INDIANTOWN RD.
JUPITER FL 33458

% JOSEPH FRANCIS BLAIR
2562 W. INDIANTOWN RD.
JUPITER FL 33458

3. Date Incorporated or Qualified

05/26/1987

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt #, etc

Suite, Apt # etc

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City & State

City & State

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Zip

Country

Zip

Country

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4. FEI Number

59-2838031

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

10. Name and Address of New Registered Agent

BLAIR, JOSEPH FRANCIS
SUITE 3
9091 NORTH MILITARY TRAIL
PALM BEACH GARDENS FL 33410

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Name

82

Street Address (P.O. Box Number is Not Acceptable)

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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

Signature of person authorized to register agent and file this application

(If Title Registered Agent Signature Required when Transferring)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BLAIR, JOSEPH FRANCIS
STREET ADDRESS 9091 N MILITARY TR., #3
CITY-ST-ZIP PALM BCH GRDNS FL

☐ DELETE

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TITLE V
NAME BLAIR, ROBERT ARTHUR
STREET ADDRESS 9091 N MILITARY TR., #3
CITY-ST-ZIP PALM BCH GRDNS FL

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TITLE
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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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT BLAIR

7-9-96 407-575-1500

CR2E034 (3/96)