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FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M07153 (3)

1. Corporation Name

EXECUTIVE MANAGEMENT INFORMATION AND TECHNICAL S
SERVICES, INC.



Principal Place of Business

1220 TURNER ST
D
CLEARWATER FL 34616
US

Mailing Address

P.O. BOX 156
CLEARWATER FL 34617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1984

4. FEI Number

59-2478491

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 1220 Turner St.

Suite, Apt. #, etc.

22 D

City & State

23 Clearwater, FL

Zip

24 33756

Country

25 USA

2a. Mailing Address

26 P.O. Box 156

Suite, Apt. #, etc.

27

City & State

28 Clearwater, FL

Zip

29 33757

Country

30 USA

9. Name and Address of Current Registered Agent

CORCORAN, ELIZABETH
1822-H SUNSET PT. RD.
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name CRAMB, Elizabeth H.

82 Street Address (P.O. Box Number is Not Acceptable)
1822-H Sunset Point Rd.

83 Clearwater

84 City FLORIDA

FL

85 Zip Code

33765

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 Elizabeth H. Cramb

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/20/98

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME CORCORAN, ELIZABETH H.
STREET ADDRESS 1822 H SUNSET PT. RD.
CITY-ST-ZIP CLEARWATER FL 34625

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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. ELIZABETH H. CRAMB

SIGNATURE Elizabeth H. Cramb

4/25/98

(813) 444-1519

CR2E034 (10/97)