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SECRETARY OF STATE
TALLAHASSEE FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P14280** (2)

1. Corporation Name

ESTECH, INC.

Principal Place of Business

% C & G HOLDINGS, INC.
701 HARGER RD., STE. 121
OAK BROOK IL 60521

Mailing Address

% C & G HOLDINGS, INC.
701 HARGER RD., STE. 121
OAK BROOK IL 60521-1480

3. Date Incorporated or Qualified
05/01/1987

3a. Date of Last Report
07/03/1996

2. Principal Place of Business
Bartow Holdings Inc.

2a. Mailing Address
Bartow Holdings Inc.

4. FEI Number
13-3346659

Applied For
☐ Not Applicable

22 Suite, Apt. #, etc.
701 Harger Rd., Ste: 190

27 Suite, Apt. #, etc.
701 Harger Rd., Ste: 190

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State
Oak Brook, IL

28 City & State
Oak Brook, IL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip Country
60521 U.S.A.

29 Zip Country
60521 U.S.A.

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **GM** ☐ DELETE
NAME **BARNETT, J CONNALLY**
STREET ADDRESS **1857 KELLER ROAD**
CITY-ST-ZIP **FT. MEADE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DV** ☒ DELETE
NAME **CORCORAN, J.S.**
STREET ADDRESS **701 HARGER RD.**
CITY-ST-ZIP **OAK BROOK IL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **GUSTAFSON, F. EDWARD**
STREET ADDRESS **701 HARGER RD.**
CITY-ST-ZIP **OAK BROOK IL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **MULLIS, MICHAEL S.**
STREET ADDRESS **1857 KELLER ROAD**
CITY-ST-ZIP **FT MEADE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **BARNETT, J CONNELLY JR**
STREET ADDRESS **1857 KELLER ROAD**
CITY-ST-ZIP **FT. MEADE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **SCHUSTER, STEPHEN M.**
STREET ADDRESS **701 HARGER RD.**
CITY-ST-ZIP **OAK BROOK FL**

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 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 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 REQUIRED

Stephen M. Schuster

2/1/97

(630) 575-2342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0076018

CR2E037 (9/96)