

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000031902**

1. Corporation Name

**ENTERPRISE SYSTEMS, INC.**

Principal Place of Business

**3606 ENTERPRISE AVENUE  
NAPLES FL 34104  
US**

Mailing Address

**3606 ENTERPRISE AVENUE  
NAPLES FL 34104  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/29/1993**

4. FEI Number

**65-0409820**

Applied For
No Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

9. Name and Address of Current Registered Agent

**BARBER, DONALD R  
3606 ENTERPRISE AVENUE  
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name

**same**

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

**same**

83

84 City **same**
**FL** 85 Zip Code **34104**

11. Pursuant to the provisions of Sections 607.0501 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, typed or printed name of registered agent and title if applicable.

(NO E. Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
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**NAME  
BARBER, DONALD R  
STREET ADDRESS  
3606 ENTERPRISE AVE.  
CITY-ST-ZIP  
NAPLES FL 33942**

TITLE	ST	<input type="checkbox"/> DELETE
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**NAME  
BUNNELL, JAY  
STREET ADDRESS  
3606 ENTERPRISE AVE.  
CITY-ST-ZIP  
NAPLES FL 33942**

TITLE	V	<input type="checkbox"/> DELETE
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**NAME  
ENGEL, MELVIN L. J  
STREET ADDRESS  
3606 ENTERPRISE AVE  
CITY-ST-ZIP  
NAPLES FL 34104**

TITLE		<input type="checkbox"/> DELETE
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**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE		<input type="checkbox"/> DELETE
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**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE		<input type="checkbox"/> DELETE
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**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**same**

1.2 NAME

**same**

1.3 STREET ADDRESS

**same**

1.4 CITY-ST-ZIP

**same 34104**

2.1 TITLE

**same**

2.2 NAME

**same**

2.3 STREET ADDRESS

**same**

2.4 CITY-ST-ZIP

**same 34104**

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

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, with all other like empowered.

SIGNATURE

James F. Bunnell as Sec./Treasurer 4/20/99 941-643-3343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)