

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P93000064802 (0)**

1. Corporation Name

**ENTERPRISE FINANCIAL SERVICES, INC.**

Principal Place of Business

~~100-2ND AVE S  
SUITE 100 S  
ST. PETERSBURG FL 33701~~

Mailing Address

~~100-2ND AVE S  
SUITE 100 S  
ST. PETERSBURG FL 33701~~

2. Principal Place of Business

21 **7400 1<sup>ST</sup> AVE. So.**

Suite, Apt. #, etc.

City & State

23 **ST. Petersburg, FL**

Zip

24 **33707**

Country

25 **U.S.**

2a. Mailing Address

26 **7400 1<sup>ST</sup> AVE So**

Suite, Apt. #, etc.

City & State

28 **ST. Petersburg FL**

Zip

29 **33707**

Country

30 **U.S.**

9. Name and Address of Current Registered Agent

**HEROLD, CHARLES D**

~~100 SECOND AVE. S.~~ **7400 1<sup>ST</sup> AVE. So.**

~~SUITE 105~~

**ST. PETERSBURG FL 33701**

**33707**

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 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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**10-16-98**

OFFICERS AND DIRECTORS

12. TITLE

NAME **P**  
**HEROLD, CHARLES D**  
STREET ADDRESS **100 SECOND AVE S, STE 105**  
CITY-ST-ZIP **ST. PETERSBURG FL**

☐ DELETE

TITLE **VP**  
NAME **HEROLD, DEBORAH**  
STREET ADDRESS **7400 1<sup>ST</sup> AVE S**  
CITY-ST-ZIP **ST. PETERSBURG FL**

☒ DELETE

TITLE **ST**  
NAME **WALKER, RENTA**  
STREET ADDRESS **11425 5TH ST E**  
CITY-ST-ZIP **TREASURE ISLAND FL**

☒ DELETE

TITLE **J**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP**  
1.2 NAME **Jennifer Herold**  
1.3 STREET ADDRESS **7400 1<sup>ST</sup> AVE South**  
1.4 CITY-ST-ZIP **ST. Petersburg, FL 33707**

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ 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. 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.

SIGNATURE: **RENTA WALKER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**

**98 OCT 21 AM 11:09**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/16/1993**

4. FEI Number

**59-3201316**

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

10. Name and Address of New Registered Agent

CR2E034 (5/98)

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