# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:29

DOCUMENT # P93000073092 (7)

1. Corporation Name
**ESTES CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 1866 S HILLSBOROUGH AVE<br>ARCADIA FL 33821 | 1866 S HILLSBOROUGH AVE<br>ARCADIA FL 33821 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1866 S. Hillsborough
Suite, Apt. #, etc. 22
City & State 23 Arcadia, FL.
Zip 24 33821 Country 25 DESOTO

2a. Mailing Address
26 1866 S. Hillsborough
Suite, Apt. #, etc. 27
City & State 28 Arcadia, FL.
Zip 29 33821 Country 30 DESOTO

4. FEI Number OLD [redacted] NEW 65-0522523 ☐ 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

ESTES, MARY A
1866 S HILLSBOROUGH AVE
ARCADIA FL 33821

10. Name and Address of New Registered Agent

81 Name: Lawrence Estes
82 Street Address (P.O. Box Number is Not Acceptable): 5961 N.W. Pine Bridge Drive
83
84 City: Arcadia FL 85 Zip Code: 33821

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 _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | ESTES, LAWRENCE L | 12 NAME | |
| STREET ADDRESS | 1866 S HILLSBOROUGH AVE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | ARCADIA FL 33821 | 14 CITY-ST-ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | ESTES, MARY A | 22 NAME | |
| STREET ADDRESS | 1866 S HILLSBOROUGH AVE | 23 STREET ADDRESS | |
| CITY-ST-ZIP | ARCADIA FL 33821 | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | REINSTATED BY MAY 1 |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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)(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.

**SIGNATURE:** LAWRENCE L. ESTES Lawrence L. Estes 5-30-95 813-953-3883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0447462 FP