

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Walker
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

95 APR 27 AM 7:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000025425 (7)

1. Corporation Name
ESP EAST, INC.

Principal Place of Business

1030 N ORANGE AVE
SUITE 104
ORLANDO FL 32801

Mailing Address

1030 N ORANGE AVE
SUITE 104
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification
03/22/1994

3a. Date of Last Report

2. Principal Place of Business

21. Suite Apt. # etc.
22. City & State

2a. Mailing Address

26. Suite Apt. # etc.
27. City & State

4. FET Number

59-3234920

Applied For

Not Applicable

5. Certificate of Status (Dues) ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has complied for incorporation fees under the 1995 statute.
Florida Statutes ☐ Yes ☐ No

24. ☐ 25. ☐

29. 32807

30. Orange

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THARP, PHILIP A
1030 N ORANGE AVE
SUITE 104
ORLANDO FL 32801

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 608.01 and 608.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent 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 608.01, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required for all filings)

Signature of New Registered Agent (Required for all filings)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95

1. NAME
THARP, PHILIP A
2. STREET ADDRESS
1030 N ORANGE AVE SUITE 104
3. CITY, STATE, ZIP
ORLANDO FL 32801
4. NAME
5. STREET ADDRESS
6. CITY, STATE, ZIP
7. NAME
8. STREET ADDRESS
9. CITY, STATE, ZIP
10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP
13. NAME
14. STREET ADDRESS
15. CITY, STATE, ZIP
16. NAME
17. STREET ADDRESS
18. CITY, STATE, ZIP
19. NAME
20. STREET ADDRESS
21. CITY, STATE, ZIP

1. NAME ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS ☐ Change ☐ Addition
4. NAME
5. STREET ADDRESS
6. CITY, STATE, ZIP ☐ Change ☐ Addition
7. NAME
8. STREET ADDRESS
9. CITY, STATE, ZIP ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP ☐ Change ☐ Addition
13. NAME
14. STREET ADDRESS
15. CITY, STATE, ZIP ☐ Change ☐ Addition
16. NAME
17. STREET ADDRESS
18. CITY, STATE, ZIP ☐ Change ☐ Addition
19. NAME
20. STREET ADDRESS
21. CITY, STATE, ZIP ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated as has been provided under Florida Statutes. I further certify that the information furnished on the annual report or supplemental annual report is true and correct 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 registered agent or have been empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or 13 or 14 of this report and on any attachment with an address.

SIGNATURE:

Signature and Title or Print Name of Signing Officer or Director

Nick Dege

4/20/95 407-380-5763