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
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000067071 (8)**

1. Corporation Name
ESI SOUTH, INC.

Principal Place of Business	Mailing Address
2140 N.E. 36TH AVENUE BUILDING #500 OCALA FL	2140 N.E. 36TH AVENUE BUILDING #500 OCALA FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1994
3a. Date of Last Report:

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 59-3266947 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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, 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	D	11 TITLE	D/T	☑ Change ☐ Addition
NAME	WIND, ALBERTA	12 NAME		
STREET ADDRESS	7 BAGY WRINKLE COVE	13 STREET ADDRESS		
CITY-ST-ZIP	WARREN RI	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D/V	☑ Change ☐ Addition
NAME	WIND, ROBERT M	22 NAME		
STREET ADDRESS	11536 WEST 4A ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	PLYMOUTH IN 46563	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D/V	☑ Change ☐ Addition
NAME	TREMMEL, RICHARD J	32 NAME		
STREET ADDRESS	2140 N.E. 36TH AVE. BLDG. #500	33 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP		
TITLE		41 TITLE	P	☐ Change ☑ Addition
NAME		42 NAME	WIND, WILLIAM J.	
STREET ADDRESS		43 STREET ADDRESS	7 BAGY WRINKLE COVE	
CITY-ST-ZIP		44 CITY-ST-ZIP	WARREN, RI	
TITLE		51 TITLE	S	☐ Change ☑ Addition
NAME		52 NAME	MIGLIACCIO, ROBERT A.	
STREET ADDRESS		53 STREET ADDRESS	56 EXCHANGE TERRACE	
CITY-ST-ZIP		54 CITY-ST-ZIP	PROVIDENCE RI 02903	
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: Richard J Tremmel 5/26/95 (904) 629-9877
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Telephone Number)

0382027 CP