# 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 AM 9:10

DOCUMENT # P94000075716 (8)

1. Corporation Name

E.S. MANAGEMENT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 321 PALM LANE<br>BROOKSVILLE FL 34601 | 321 PALM LANE<br>BROOKSVILLE FL 34601 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1994
3a. Date of Last Report: NA

2. Principal Place of Business — 21: SAME
2a. Mailing Address — 26: SAME
4. FEI Number: 59-3274018
Applied For / If Applicable

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Current Date of Status Desired: NO ☐ **$8.75** Additional Fee Required

City & State — 23:
City & State — 28:
6. Election Campaign Financing Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24: / County — 25: / Zip — 29: / County — 30:
8. This corporation has ability to be eligible for exemption under S. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

KNAPP, STEPHEN M
5417 S FLORIDA AVE
LAKELAND FL 33813

**10. Name and Address of New Registered Agent**

01 Name: SAME
02 Street Address (P.O. Box Number is Not Acceptable):
03:
04 City: FL 05 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: NO
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 | ☐ Change ☐ Addition |
| NAME | SIKES, EDWARD | 12 NAME | |
| STREET ADDRESS | 321 PALM LANE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | BROOKSVILLE FL 34601 | 14 CITY-ST-ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | SIKES, EARL | 22 NAME | |
| STREET ADDRESS | 2914 GENEVA | 23 STREET ADDRESS | |
| CITY-ST-ZIP | DEARBORN MI 48124 | 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 | |
| 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: Edward Sikes Pres, E.S. MGT INC 3-31-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone #: 796-2154

0354340 CP