

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000041521 (2)

1. Corporation Name

EXECUTIVE SUPPORT INTERNATIONAL, INC.



Principal Place of Business

4747 SLOAN AVENUE
SARASOTA FL 34233

Mailing Address

4747 SLOAN AVENUE
SARASOTA FL 34233

3. Date Incorporated or Qualified
05/26/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 84 Avenida Venecia

26 84 Avenida Venecia

4. FEI Number

65-0580614

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22 #4

27 #4

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

23 Sarasota, FL

28 Sarasota, FL

24 34242

29 34242

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARR, SHARON L
4747 SLOAN AVENUE
SARASOTA FL 34233

81 Name

Barr, Sharon L.

82 Street Address (P.O. Box Number is Not Acceptable)

84 Avenida Venecia

83

Unit 4

84 City

Sarasota

FL

85 Zip Code

34242

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 type for printed name of registered agent as in the last filing.

(NOTE: Registered Agent signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME Sharon L. Barr
STREET ADDRESS 84 Avenida Venecia Unit 4
CITY-ST-ZIP Sarasota, FL 34242

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

700001873787

06/24/96--01055--055

***200.00

☐ Change ☐ Addition

5/1/96

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)(k), 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:

Signature and typed or printed name of signing officer or director
Sharon L. Barr, President 4/29/96 (941) 346-3774

CR2E034 (12/95)