SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

<b>DOCUMENT</b>	#	P
-----------------	---	---

1996

95000051485 (7)

**ELECTRONIC SYSTEMS PROFESSIONALS, INC.** 

Principal Place of Business Mailing Address		E HOUSEAURE HAG SAMET BETHE BONNE BONN BONN BONN WINDER WINDER OF DELICAL BONN AND THE FOREST PROPERTY OF THE				
1520 JENKS SUITE B PANAMA CIT		1520 JENKS A SUITE B				
		PANAMA CITY				Date Incorporated or Qualified     3a. Date of Last Report     06/29/1995
· · · · · ·	lace of Business	2a. Mailing Add	ress			4. FEI Number Applied For
21		26				<b>39. 3321305</b> Not Applicable
Suite, Apt	#, elc.	Suite Apt. #	, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Stale		City & State		•		
23	•	28				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip	Country	Zip	C	Country		This corporation has liability for intangible tax under s 199 032.
24	25	29	30		Florida Statutes Yes No	
	9. Name and Address of C	urrent Registered Agent				10. Name and Address of New Registered Agent
RI	JCHANAN, LINDA D			81	Name	
	40 HOWARD ROAD			82 Street Address (P.O. Box Number is Not Acceptable)		
	ALLAWAY FL 32404				O.J.Co.	address (i.e. box Hamber is Not Neceptable)
0,	TEANTAL LE OPTOT			83		
				84	City	FL 85 Zip Code
agent. La	to the provisions of Sections 69 egistered agent, or both, in the m familiar with, and accept the	State of Florida, Such chan	ge was authorize	ad by	the corpo	corporation submits this statement for the purpose of changing its registered pration's board of directors. Thereby accept the appointment as registered.
SIGNATURE	Signature typed or print diname of register	erod a port and triel tappacable	MeOH Bestick	red A.e.	C) Sign(Afrage)	to parted who restricted up.
12.		RS AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	· · · · · · · · · · · · · · · · · · ·	Ď	ELETE 11	Ditt		Change Lat Addition
NAME			12	NAME		William B. Buchavass 3008 STANFORD ROAD F
STREET ADDRESS			13	STREET	ADDRESS	3008 STANFORD ROAD F
CITY - ST - ZIP			1.4	CITY - S	F - ZIP	Payona C.t. F1 32405
TITLE		D	ELETE 21	TITLE		Change 🗶 Addition
NAME			2.2	NAME		Charles D. Buchanan IR
STREET ADDRESS			23	STREET	ADDRESS	(DYO HOWARD KOAD
CITY-ST-ZIP				CITY - S	ST - ZIP	PANAMARITY FI 32404
TITLE		[] D	ELETE 31	TITLE		Change Addition
NAME			32	NAMĒ		
STREET ADDRESS			3 3	STREET	ADDRESS	
CITY-ST-ZIP				CITY - S	JT - ZIP	
TITLE		[_] <sub>[]</sub>		TITLE		Change Addit-on
NAME				NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE				CHY-S THEE	I - ZIP	
NAME						Change Addation
				NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE				CITY - S	T - ZIP	Change
NAME				TITLE		Change Addition
STREET ADDRESS				NAME	*0001.00	
CITY-ST-ZIP					ADDRESS	
CITT-31-ZIP			6.4	CITY - \$	1-712	

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 1 further certify that the information indicated on this annual report or supplemental annual report is true and accurate ano that my signature shall have the same legal effect as it 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 617. Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATUREX

SIGNATURE

SIGNATURE