FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000064211 (2)

1. Corporation Name
E.T.S.M., INCORPORATED

Principal Place of Business	Mailing Address
126 E OLYMPIA AVE SUITE 408 PUNTA GORDA FL	126 E OLYMPIA AVE SUITE 408 PUNTA GORDA FL

3. Date Incorporated or Qualified: 08/18/1995
3a. Date of Last Report:

4. FEI Number: 65-0593486 — ☐ 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

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

2a. Mailing Address 26 2507 SE 22nd PL ~~13010 LAKEHURST CT~~
Suite, Apt. #, etc. 27
City & State 28 CAPE CORAL, FL ~~FORT MYERS FL~~
Zip 29 33990 ~~33913~~ Country 30 USA

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

SHIRLEY, KEVIN C
126 E OLYMPIA AVE
SUITE 408
PUNTA GORDA FL

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 _______ DATE _______

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	TRAUTMAN, DALE A	
STREET ADDRESS	35 SANDY COVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DVT	☐ DELETE
NAME	LUKES, JAMIE	
STREET ADDRESS	35 SANDY COVE	
CITY-ST-ZIP	SARASOTA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME	2507 SE 22nd PLACE	
1.3 STREET ADDRESS	CAPE CORAL, FL 33990 ~~13010 LAKEHURST CT~~	
1.4 CITY-ST-ZIP	~~FORT MYERS FL 33913~~	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	2507 SE 22nd PL CAPE CORAL,	
2.3 STREET ADDRESS	FL 33990 ~~13010 LAKEHURST CT~~	
2.4 CITY-ST-ZIP	~~FORT MYERS FL 33913~~	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	300001931438 -08/26/96--01008--029 ***225.00	
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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] JAMIE LUKES VICE PRESIDENT 7-22-96 941 336 1298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

0339393 CP