


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 13 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P95000064462 (1)**

1. Corporation Name
EMMERSON INSTALLATION SERVICES INC.



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| Principal Place of Business 778 ARTHURS CT TARPON SPRINGS FL 34689 4705 - 95th Street N St. Petersburg, FL 33708 | Mailing Address 778 ARTHURS CT TARPON SPRINGS FL 34689-2855 4705 - 95th Street N St. Petersburg, FL 33708 |
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|--|---|
| 2. Principal Place of Business 21 4705 - 95th Street N | 2a. Mailing Address 26 4705 - 95th Street N |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 St. Petersburg, FL | City & State 28 St. Petersburg, FL |
| Zip 24 33708 | Zip 29 33708 |
| Country 25 | Country 30 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 08/21/1995 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-3336519 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent EMMERSON, CHARLES K 778 ARTHURS CT TARPON SPRINGS FL 34689 | |
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) 4705 - 95th Street N |
| 83 | |
| 84 St. Petersburg | FL 85 33708 |

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|--|---|
| 10. Name and Address of New Registered Agent | |
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 St. Petersburg | FL 85 33708 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P EMMERSON, CHARLES K 778 ARTHURS CT. TARPON SPRINGS FL <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S EMMERSON, SHANNON 778 ARTHURS CT. TARPON SPRINGS FL <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | Charles Emmerson 4705 - 95th Street N St. Petersburg, FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | Shannon Emmerson 4705 - 95th Street N St. Petersburg, FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing 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 _____ 2/10/97 9339E7322

CR2E034 (9/96)