FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90037 042 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000096315

ESC OF SARASOTA, INC.

Principal Place of Business Mailing Address						I (BBI(Såt i i i i i i i i i i i i i i i i i i i	110 10110 01140 1	
7061 S TAMIAN SARASOTA FL		4486 DEER CREEK BLVD SARASOTA FL 34238	SARASOTA FL 34238			DO NOT WRITE IN TH	HS SPACE	
US US						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
						01/01/1996		
D. Deineinel Di	leas of Business	2a. Mailing Address			<del></del>	4. FEI Number		Applied For
	lace of Business	26. Walling Address				65-0632572	H	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						5 Additional
<del></del>	<b>"</b> , a.o.	27				5. Certifcate of Status Desired	• -	Required
City & State	e	City & State	-			6. Election Campaign Financing	\$5.0	00_May Be
23	Tad van negativativative 🚗 🚓 v 800	28			·	Trust Fund Contribution		ed to Fees
Zip	Country Zip			ntry		8. This corporation owes the current year	Intangible	
24	25 29 30		30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Register	ed Agent	
				81	Name			
FLEMING, RICHARD L 4486 DEER CREEK BLVD			-	82 Street Address (P.O. Box Number is Not Acceptable)				
			02	Oli Get Ad	Raioss (1.0. Box (rainbo) is the insertione)			
SAR	ASOTA FL 34238			83				
				84	Oib.		. 85 Z	ip Code
				l	City		·L   · ·	`
office or reagent. I as	m familiar with, and accept the obligate	ons of, Section 607.0505, Fit	mua Siail	iles.		progration submits this statement for the purpose stion's board of directors. I hereby accept the appured when reinstating)		s registered
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Ayanı	agristate requ	ADDITIONS/CHANGES TO OFFICERS		CTORS IN 12
TITLE	D	DELETE	1,1 717	LE.			☐ Chan	
NAME	FLEMING, RICHARD L		1.2 NA	ME				
STREET ADDRESS	4486 DEER CREEK BLVD		1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CI		l l			
TITLE	D	☐ DELETE	2.1 TIT	_			Chan	nge
NAME	FLEMING, ANNE R		2.2 NA	ME				
STREET ADDRESS	4486 DEER CREEK BLVD		2.3 ST	REET	ADDRESS			}
CITY-ST-ZIP	SARASOTA FL		2.4 C	TY-SI	T-ZIP			
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NAME			3.2 NA	ME	j			
STREET ADDRESS			3.3 ST	REET	ADORESS			-
CITY-ST-ZIP			3.4. CI	TY-S	T-ZIP			
TITLE	· <del></del>	☐ DELETE	4,1 TiT	le.			Chan	nge 🗌 Addition
NAME			4.2 N	AME	١,			
STREET ADDRESS			4.3 ST	REET	ADDRESS	•		
CITY-ST-ZIP			4.4 CF	TY-ST	-ZiP	<u> </u>		
TITLE		☐ DELETE	5.1 TI				Chan	nge
NAME	{		5.2 NA	ME				}
STREET ADDRESS			5.3 ST	REET	ADDRESS	•		
CITY-ST-ZIP			5.4 CF	TY-ST	-ZIP			
ΟΙ(1-01-ΔΙΡ	1.349	Clocicie	61 TD				[ ] Chan	nge

14. I 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP