

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 # P96000000896 (6)

1. Corporation Name

EXECUTIVE SECRETARIAL SERVICES, INC.



Principal Place of Business

405 NORTH REO STREET, Suite 115
TAMPA FL 33609

Mailing Address

405 NORTH REO STREET, Suite 115
TAMPA FL 33609

2. Principal Place of Business

2a. Mailing Address

21 405 N. Reo Street

26 Suite, Apt. #, etc.

22 Suite 115

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Tampa, Florida

24 Zip

Country

33609

25 Hillsborough

29 Zip

Country

30

3. Date Incorporated or Qualified

12/26/1995

3a. Date of Last Report

N/A

4. FEI Number

59-3361867

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMBRIDGE, JANE
405 NORTH REO STREET,
TAMPA FL 33609

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CAMBRIDGE, JANE
STREET ADDRESS 405 NORTH REO STREET,
CITY-ST-ZIP TAMPA FL 33609

TITLE PST ☐ DELETE

NAME CAMBRIDGE, JANE
STREET ADDRESS 405 NORTH REO STREET,
CITY-ST-ZIP TAMPA FL 33609

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

12 NAME Cambridge, Jane J.
13 STREET ADDRESS 405 N. Reo Street, Suite 115
14 CITY-ST-ZIP Tampa, FL 33609

2.1 TITLE ☐ Change ☒ Addition

22 NAME Cambridge, Jane J.
23 STREET ADDRESS 405 N. Reo Street, Suite 115
24 CITY-ST-ZIP Tampa, FL 33609

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 (813) 287-2585
Daytime Phone #

CR2E034 (12/95)