SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

P96000014088

XES, INC.

DOCUMENT #

1. Corporation Name

FILED Sep 17, 1999 8:00 am Secretary of State

09-17-1999 90011 047 ***550.00



DELETE 1.1 IIILE Change Addition	Applied For Not Applicable 3.75 Additional Fee Required 5.00 May Be Added to Fees
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11. Pursuant the provisions of actions 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 sulfinized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change was sulfinized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change was sulfinized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or the childing the 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 sulfinized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both in the State of Florida, Such change was sulfinized by the 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 sulfinized by the corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida, Such change was sulfinized by the corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida, Such change was sulfinized by the corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida, Such change was sulfinized by the Corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida, Such change was sulfinized by the Corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida, Such change was sulfinized by the Corporation s	
9, Name and Address of Current Registered Agent FRANKLIN, JAMES R 215 IMPERIAL BLVD. SUITE C-3 LAKELAND FL 33803 44 City FL S Z Z Street Address (P.O. Box Number is Not Acceptable) 33 LAKELAND FL 33803 44 City FL S Z Z Street Address (P.O. Box Number is Not Acceptable) 34 City FL S Z Z Code 45 46 City FL S Z Z P Code 46 47 48 48 49 40 40 40 40 40 40 40 40 40	
FRANKLIN, JAMES R 215 IMPERIAL BLVD. SUITE C-3 LAKELAND FL 33803 44 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 agent, or both, in the State of Florida. Such change was submit and office or registered agent, and familiar with, and accept the obligations of, section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and familiar with, and accept the obligations of, section 607,0505, Florida Statutes, the above-named of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, section 607,0505, Florida Statutes, the above-named of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, section 607,0505, Florida Statutes, the above-named of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, section 607,0505, Florida Statutes, the above-named or opporation submits this statement for the purpose of changing its registered agent and office of circles. I hereby accept the appointment as registered agent and familiar with, and accept the obligations of, section 607,0505, Florida Statutes, the above-named or opporations submits this statement for the purpose of changing its registered agent and office of circles. I hereby accept the appointment as registered agent and section 607,0505, Florida Statutes, the above-named or opporations about a purpose of changing its registered agent and section 607,0505, Florida Statutes, the above-named or opporations agent agent and section for opporations agent agen	
FRANKLIN, JAMES R 215 IMPERIAL BLVD. SUITE C-3 LAKELAND FL 33803 B4 City FL B5 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 agent. In femiliar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ITILE 15. OFFICERS AND DIRECTORS IN 12 15. WARE 16. D WORGAN, DEBORAH F 15. JAME 15. JAME 15. JAME 16. D WORGAN, DEBORAH F 15. JAME 15. JAME 15. JAME 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. JAME 16. JAME 17. JAME 17. JAME 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. JAME 19.	
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11. Pursuant to the provisions of sections 607 0502 and 607 1508. Florida Status authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent, to noth, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and semilar with, and accept the obligations of, section 607 0505, Florida Statutas. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 13. TITLE NAME 12. OFFICERS AND DIRECTORS 13. TITLE OBLETE 1.1 TITLE NAME 1.2 MANE 1.3 TITLE NAME 1.3 TITLE CHANGES CITYST2/P LAKELAND FL 33811 1.4 CITYST2/P 1.4 CITYST2/P 1.5 TITLE	
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office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board or directors. Interestly accept the appointment as registered agent, or both, and accept the obligations of, social statutes. SIGNATURE Signature, hyber or printed name of registered agent and title if applicable. (NOTE: Registered Agent separature required when reinstating) DATE	
SIGNATURE Signature, typed or printed names of registered agent and title if acceleration. (NOTE Registered Agent sepatative regulated when releasting) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DOMORGAN, DEBORAH F 12. WAME STREET ADDRESS CITYST-2IP TITLE DELETE 1.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 3.1 TITLE DELETE Change Addition A	g its registered
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6.4 CITY-ST-ZIP 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	
STREET ADDRESS 6.3 STREET ADDRESS	

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:

941.646.8260