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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

P96000046610 (7)

ESPOSITO, CHEEK & ASSOCIATES, INC.

Principal Place of Business Mailing Address 6650 SOUTHPOINT PARKWAY 6650 SOUTHPOINT PARKWAY **SUITE 225 SUITE 225** JACKSONVILLE FL 32216 JACKSONVILLE FL 32216-0931 3. Date Incorporated or Qualified 3a. Date of Last Report 05/23/1996 28. Mailing Address 26 4540 Southblos BLVD. 2. Principal Place of Business FEI Number Applied For 21 4540 SOUTHSIDE BLVD. 59.33833 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Election Campaign Financing \$5,00 May Be Trust Fund Contribution П Added to Fees B. This corporation has liability for intangible tax under s. 199.032, 32216 |25 U.S. | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 1 Yes 🗌 No Florida Statutes 10. Name and Address of New Registered Agent Name KOEGLER, STEVEN C 10151 DEERWOOD PARK BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **BUILDING 100, SUITE 200** JACKSONVILLE FL 32256 83 City Zip Code 85 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. Styriation, typed or pertion range of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE THE **ESPOSITO. ROBERT** Esposito, Robert 1.2 NAME NAME 4640 SouthElde BLUD. , Suite 502 6650 SOUTHPOINT PARKWAY, SUITE 225 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32216 SACKSONVILLE, FL 32216 1.4 CITY-ST-ZIP City \$1-7E Change DELETE Hillif 21 TITLE CHEEK, FRED Cheek, Fred NAME 22 NAME 4540 SOUTHE IDE BLUD. , SHITE 502 6650 SOUTHPOINT PARKWAY, SUITE 225 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32216 JACKSONVILLE, FL 32216 2.4 CITY-\$1-ZIP CHY ST ZIP DELETE 3.1 TITLE Addition 3.2 NAME NAM STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CHY - 51 - 712 DELETE Change __ Addition TITLE 4.1 TIFLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition BHILL 5.1 DILE NAM 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** City-St-73 5.4 CITY - SY-ZIP

SIGNATURE:

TilLE

STREET ADDRESS

C:TY-ST-ZiP

ROBERT DIESPOSITO IL

DELETE

6.1 TITLE

6.2 NAME

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 tegal 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

FILED

May 02 1997 8:00am

Secretary of State

904.641-6649

☐ Change

Addition

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