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FILED  
May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000048413 (4)

1. Corporation Name  
ENTERPRISE SUPPORT SERVICES, INC.

Principal Place of Business  
514 SELVA LAKES CIRCLE  
ATLANTIC BEACH FL 32233

Mailing Address  
514 SELVA LAKES CIRCLE  
ATLANTIC BEACH FL 32233-4980

3. Date Incorporated or Qualified  
06/03/1996

3a. Date of Last Report

2. Principal Place of Business  
21 7857 Heather Lake Ct. E.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 7857 Heather Lake Ct. E.  
Suite, Apt. #, etc.

4. FEI Number  
59-3381651

Applied For  
Not Applicable

22 City & State  
23 Jacksonville, FL  
24 Zip 32256  
25 Country USA

27 City & State  
28 Jacksonville, FL  
29 Zip 32256  
30 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$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

PERRY, JEFFREY H  
514 SELVA LAKES CIRCLE  
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
7857 Heather Lake Ct. E.  
83  
84 City Jacksonville FL 85 Zip Code 32256

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	PERRY, JEFFREY H	
STREET ADDRESS	514 SELVA LAKES CIRCLE	
CITY - ST - ZIP	ATLANTIC BEACH FL 32233	
TITLE	D	DELETE
NAME	SMITH, KIMBERLY K	
STREET ADDRESS	514 SELVA LAKES CIRCLE	
CITY - ST - ZIP	ATLANTIC BEACH FL 32233	
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
1.2 NAME		
1.3 STREET ADDRESS	7857 Heather Lake Ct. E.	
1.4 CITY - ST - ZIP	Jacksonville, FL 32256	
2.1 TITLE	Change	Addition
2.2 NAME	Perry, Kimberly S.	
2.3 STREET ADDRESS	7857 Heather Lake Ct. E.	
2.4 CITY - ST - ZIP	Jacksonville, FL 32256	
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0087737

CR2E034 (9/96)