

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

**FILED**  
**Feb 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**



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

**DOCUMENT # P97000030413 (3)**

1. Corporation Name:  
**EMES CORPORATION**



Principal Place of Business:  
**ONE INDEPENDENT DRIVE  
 SUITE 2301  
 JACKSONVILLE FL 32202**

Main Address:  
**ONE INDEPENDENT DRIVE  
 SUITE 2301  
 JACKSONVILLE FL 32202**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address:

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

g. Name and Address of Current Registered Agent

**HOLBROOK, H. LEON  
 ONE INDEPENDENT DRIVE  
 SUITE 2301  
 JACKSONVILLE FL 32202**

3. Date Incorporated or Qualified

**04/01/1997**

4. FEI Number

**59-3436464**

Applied For  
 Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

10. Name and Address of New Registered Agent

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 607.0607 and 607.0608, 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 provisions of Sections 607.0607, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Agent, signatory required when reinstating

DATE

12. OFFICERS AND DIRECTORS

1. TITLE  
 NAME  
 STREET ADDRESS  
 CITY, ST, ZIP  
 2. TITLE  
 NAME  
 STREET ADDRESS  
 CITY, ST, ZIP  
 3. TITLE  
 NAME  
 STREET ADDRESS  
 CITY, ST, ZIP  
 4. TITLE  
 NAME  
 STREET ADDRESS  
 CITY, ST, ZIP  
 5. TITLE  
 NAME  
 STREET ADDRESS  
 CITY, ST, ZIP  
 6. TITLE  
 NAME  
 STREET ADDRESS  
 CITY, ST, ZIP

**D**  
**HOLBROOK, H. LEON**  
**ONE INDEPENDENT DR., SUITE 2301**  
**JACKSONVILLE FL 32202**

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  
 2. NAME  
 3. STREET ADDRESS  
 4. CITY, ST, ZIP  
 5. TITLE  
 6. NAME  
 7. STREET ADDRESS  
 8. CITY, ST, ZIP  
 9. TITLE  
 10. NAME  
 11. STREET ADDRESS  
 12. CITY, ST, ZIP  
 13. TITLE  
 14. NAME  
 15. STREET ADDRESS  
 16. CITY, ST, ZIP  
 17. TITLE  
 18. NAME  
 19. STREET ADDRESS  
 20. CITY, ST, ZIP

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

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 sole owner thereof, empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 17 of Block 13 of the general corporation files with an address.

SIGNATURE: *H. Leon Holbrook*

2/9/98 904-356-6311

CR2E034 (10/97)