

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED

98 OCT 28 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000033339 (7)**  
1. Corporation Name  
**ESS OF ORANGE COUNTY, INC.**



Principal Place of Business

Mailing Address

**9549 CASTLEFORD POINT  
ORLANDO FL 32836**

**9549 CASTLEFORD POINT  
ORLANDO FL 32836**

**1915 US Hwy 27  
DAVENPORT - FL 33837**

**PO BOX 22081  
ORLANDO - FL 32837**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

**1915 US Hwy 27**

**P.O. Box 22081**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DAVENPORT - FL**

**ORLANDO - FL**

Zip

Country

Zip

Country

**33837**

**25**

**32830**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MENNINGER, RICHARD M  
9549 CASTLEFORD POINT  
ORLANDO FL 32836**

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**OFFICERS AND DIRECTORS**

**10-15-98**

Change ☐ Addition ☐

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**ERIC S. SCHROEDER  
PRESIDENT & CEO + DIRECTOR  
101 W VERNE  
TAMPA, FL 33606**

Change ☐ Addition ☐

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**RICHARD M. MENNINGER  
VICE PRESIDENT & DIRECTOR  
9549 CASTLEFORD POINT  
ORLANDO, FL. 32836**

Change ☐ Addition ☐

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DOROTHY C. MENNINGER  
SECRETARY AND DIRECTOR  
9549 CASTLEFORD POINT  
ORLANDO, FL. 32836**

Change ☐ Addition ☐

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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:

**Richard M. Menninger - RICHARD M. MENNINGER 9/5/98**

CR2E034 (10/97)