

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90033 031 ***150.00

DOCUMENT # P98000002586

1. Corporation Name
ESO CORPORATION

Principal Place of Business
1025 SOUTH SEMORAN BLVD., SUITE 1093
WINTER PARK FL 32792

Mailing Address
1025 SOUTH SEMORAN BLVD., SUITE 1093
WINTER PARK FL 32792



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1998

4. FEI Number
59-3486869

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISMAN, ERIC
1230 THOMAS STREET
TITUSVILLE FL 32780

81 Name Eric Chrisman
82 Street Address (P.O. Box Number is Not Acceptable)
1025 South Semoran Blvd
83 Suite 1093
84 City Winter Park FL 85 Zip Code 32792

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

Eric Chrisman, Treasurer

2-9-99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Saul Stawer
1.3 STREET ADDRESS 4118 Leafy Glade Pl
1.4 CITY-ST-ZIP Casselberry, FL 32707

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Vice President ☐ Change ☒ Addition
2.2 NAME Eric Chrisman
2.3 STREET ADDRESS 3474 Woodley Park Pl
2.4 CITY-ST-ZIP Oviedo, FL 32765

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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, with all other like empowered.

SIGNATURE:

Eric Chrisman

2-9-99

Date

407.677.0014

Daytime Phone #

CR2E034 (1/198)