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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:17

DOCUMENT # **S25100** (6)

1. Corporation Name
E.L.S. INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1823-D PAULSON DR PT. CHARLOTTE FL 33954 US	18230-D PAUYLSON DR PT. CHARLOTTE FL 33954 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1991
3a. Date of Last Report: 05/24/1994

2. Principal Place of Business
21: 18230 D PAULSON DR
22: Suite, Apt. #, etc
23: PT CHARLOTTE FLA
24: Zip 33954
25: Country USA

2a. Mailing Address
26: 18230-D PAULSON DR
27: PT CHARLOTTE
28: FLA
29: Zip 33954
30: Country CHAR

4. FEI Number: 65-0259451 ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SARGENT, WILLIAM H. JR
18230-D PAULSON DR
PT. CHARLOTTE FL 33954

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 607.0502 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 _____ DATE
(Signature, type or print name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	EPPERLY, EDWARD A	12 NAME	
STREET ADDRESS	6350 RIVERSIDE DR	13 STREET ADDRESS	
CITY ST ZIP	PUNTA GORDA FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SARGENT, WILLIAM H JR	22 NAME	
STREET ADDRESS	757 CALVERT AVE	23 STREET ADDRESS	
CITY ST ZIP	PORT CHARLOTTE FL	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	LAMBERT, PAUL C	32 NAME	
STREET ADDRESS	602 VERONA STREET	33 STREET ADDRESS	
CITY ST ZIP	PORT CHARLEOTTE FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: William H. Sargent Jr 3/15/95 813-629-1750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0333372 CP