FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S67269** **(8)**

1. Corporation Name

EMERSON SERVICES, INC.

Principal Place of Business	Mailing Address
1250 TENNISPLACE COURT, C-31 SANIBEL FL 33957	~~13911 KENWOOD LN.~~ ~~SUITE 115~~ ~~FT. MYERS FL 33907~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/16/1991
3a. Date of Last Report: 01/03/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0352081	☐ Applied For ☐ Not Applicable
21	26 4637 VINCENNES BLVD.		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 1	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 CAPE CORAL FL.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 33904 / Country 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

JACKSON, LAWRENCE R.
~~13911 KENWOOD LN.~~
~~SUITE 115~~
FT. MYERS FL 33907

c/o GLENN REPRESSO CPA
4637 VINCENNES BLVD
SUITE 1
CAPE CORAL, FL. 33904

~~10.~~ Name and Address of ~~New~~ Registered Agent

81 Name: LAWRENCE R. JACKSON
82 Street Address (P.O. Box Number is Not Acceptable): 4637 VINCENNES BLVD.
83 SUITE 1
84 City: CAPE CORAL, FL 85 Zip Code: 33907

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, 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	PTSD	1.1 TITLE	☐ Change ☐ Addition
NAME	CORACE, JAMES E., JR.	1.2 NAME	
STREET ADDRESS	1250 TENNISPLACE COURT, C-31	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 the address.

SIGNATURE: X James E. Corace Jr. 4/10/1995 (813) 472-4252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000700 PP