

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 18 1996 8:00 am
Secretary of State

DOCUMENT # **S73693** (1)
1. Corporation Name
E S P INVESTMENTS OF CENTRAL FLORIDA, INC.



Principal Place of Business

2500 S. SEMORAN BLVD.
ORLANDO FL 32822
US

Mailing Address

~~PO BOX 242
WINDERMERE FL 34786
US~~

3. Date Incorporated or Qualified
08/12/1991

3a. Date of Last Report
03/14/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 **2500 S. SEMORAN BLVD**
Suite, Apt. #, etc.

27 City & State

28 **ORLANDO FL**
Zip Country

29 **32822** 30 **USA**

4. FEI Number

59-3079666

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 s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILLATT, ARTHUR
9775 BAY VISTA ESTATES BLVD.
ORLANDO FL 32836

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2500 S. SEMORAN Blvd

83

84 City

ORLANDO

FL

85 Zip Code

32822

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.

ARTHUR GILLATT

(NOTE: Registered Agent signature required when reinstating)

4-15-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P GILLATT, ARTHUR**
STREET ADDRESS **9775 BAY VISTA ESTATES BLVD**
CITY - ST - ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME **V GILLATT, CATHERINE**
STREET ADDRESS **9775 BAY VISTA ESTATES BLVD.**
CITY - ST - ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME **AVP**
STREET ADDRESS **STONE, SCOTT A.**
CITY - ST - ZIP **2887 S CONWAY RD #168**
ORLANDO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

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

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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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR GILLATT, Pres.

4-15-96

Date Daytime Phone #

CR2E034 (12/95)