

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
95 MAY -1 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000067071 (8)**

1. Corporation Name  
**ESI SOUTH, INC.**

Principal Place of Business      Mailing Address  
**2140 N.E. 36TH AVENUE**      **2140 N.E. 36TH AVENUE**  
**BUILDING #500**      **BUILDING #500**  
**OCALA FL**      **OCALA FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/13/1994</b>	3a. Date of Last Report
4. FEI Number <b>59-3266947</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	29
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	<b>FL</b> B5 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 in printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>D/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WIND, ALBERTA</b>	1.2 NAME	
STREET ADDRESS	<b>7 BAGY WRINKLE COVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WARREN RI</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<b>D/V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WIND, ROBERT M</b>	2.2 NAME	
STREET ADDRESS	<b>11536 WEST 4A ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLYMOUTH IN 46583</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<b>D/V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TREMME, RICHARD J</b>	3.2 NAME	
STREET ADDRESS	<b>2140 N.E. 36TH AVE. BLDG. #500</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>WIND, WILLIAM J.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>7 BAGY WRINKLE COVE</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>WARREN, RI</b>
TITLE		5.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>MIGLIACCIO, ROBERT A.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>56 EXCHANGE TERRACE</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>PROVIDENCE, RI 02903</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE:

*Richard J Tremmel*  
SIGNATURE AND THE PRINTED NAME OF SIGNER OR OFFICER OR DIRECTOR

**2/20/95 (904) 627-9877**