

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

DOCUMENT # 243370 (4)
1. Corporation Name
ECHO LAKE GROVE CORPORATION



Principal Place of Business: **16401 LKE CHURCH RD ODESSA FL 33556**
Mailing Address: **16401 LKE CHURCH RD ODESSA FL 33556**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26	P.O. Box 943	12/31/1960	05/01/1995
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
23. City & State		28. Tampa, FL		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fees Required
24. Zip	25. Country	29. 33601	30. Hillsborough	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
THOMPSON, ADNA L 16401 LAKE CHURCH ROAD ODESSA FL 33556				81. Name	Lawrence R. Flaws
				82. Street Address (P.O. Box Number is Not Acceptable)	702 Curran Ct
				83.	
				84. City	Brandon, FL
				85. Zip Code	33511

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: Lawrence R. Flaws **Lawrence R. Flaws, Secretary** **4/25/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, ADNA L	1.2 NAME	Magnus Flaws, Jr.
STREET ADDRESS	16401 LAKE CHURCH ROAD	1.3 STREET ADDRESS	2708 Bell Shoals Road
CITY - ST - ZIP	ODESSA, FL 00000	1.4 CITY - ST - ZIP	Brandon, FL 33511
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Lawrence R. Flaws
STREET ADDRESS		2.3 STREET ADDRESS	702 Curran Ct
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Brandon, FL 33511
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: Lawrence R. Flaws **Lawrence R. Flaws** **4/25/96** **(813) 223-2711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)