

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90121 024 ***150.00

0076324

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000027579

1. Corporation Name
E.C.L. CONSTRUCTION, INC.

Principal Place of Business
 245 COURTNEY AVE.
 ORANGE CITY FL 32763

Mailing Address
 245 COURTNEY AVE.
 ORANGE CITY FL 32763

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/25/1996

4. FEI Number
59-3373035

Applied For
 Not Applicable

2. Principal Place of Business
 21 **741 North Belfast Place**

2a. Mailing Address
 26 **741 North Belfast Place**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22
 City & State
 23 **Chuluota, FL**

27
 City & State
 28 **Chuluota, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **32766** 25 Country **Seminole**

29 Zip **32766** 30 Country **Seminole**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDMONDS, THOMAS B
 245 COURTNEY AVE.
 ORANGE CITY FL 32763

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

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	1.1 TITLE	PD
NAME	EDMONDS, THOMAS B	1.2 NAME	EDMONDS, THOMAS B
STREET ADDRESS	245 COURTNEY AVE.	1.3 STREET ADDRESS	741 NORTH BELFAST PLACE
CITY-ST-ZIP	ORANGE CITY FL	1.4 CITY-ST-ZIP	Chuluota, FL 32766
TITLE	VD	2.1 TITLE	
NAME	CARUTHERS, GARY A	2.2 NAME	
STREET ADDRESS	15232 THOROUGHbred LN.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTE VERDE FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	LOVETT, DONALD A	3.2 NAME	
STREET ADDRESS	375 WILLINGHAM RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	EDMONDS, THOMAS B	1.2 NAME	EDMONDS, THOMAS B
STREET ADDRESS	245 COURTNEY AVE.	1.3 STREET ADDRESS	741 NORTH BELFAST PLACE
CITY-ST-ZIP	ORANGE CITY FL	1.4 CITY-ST-ZIP	Chuluota, FL 32766
TITLE	VD	2.1 TITLE	
NAME	CARUTHERS, GARY A	2.2 NAME	
STREET ADDRESS	15232 THOROUGHbred LN.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTE VERDE FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	LOVETT, DONALD A	3.2 NAME	
STREET ADDRESS	375 WILLINGHAM RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Thomas B. Edmonds Thomas B. Edmonds 2/6/99 407/977-0753
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034-111/98