

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

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

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

22 Suite, Apt. #, etc.

23 City & State
Chuluota, FL

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

27 Suite, Apt. #, etc.

28 City & State
Chuluota, FL

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

3. Date Incorporated or Qualified
03/25/1996

4. FEI Number
59-3373035 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
EDMONDS, THOMAS B
245 COURTNEY AVE.
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME PD **EDMONDS, THOMAS B**

STREET ADDRESS **245 COURTNEY AVE.**

CITY-ST-ZIP **ORANGE CITY FL**

TITLE DELETE

NAME VD **CARUTHERS, GARY A**

STREET ADDRESS **15232 THOROUGHbred LN.**

CITY-ST-ZIP **MONTE VERDE FL**

TITLE DELETE

NAME VD **LOVETT, DONALD A**

STREET ADDRESS **375 WILLINGHAM RD.**

CITY-ST-ZIP **OVIEDO 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME **PD EDMONDS, THOMAS B**

1.3 STREET ADDRESS **741 NORTH BELFAST PLACE**

1.4 CITY-ST-ZIP **Chuluota, FL 32766**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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