

07091999-90020-011-\$150.00-\$150.00

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 1, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 647301
Corporation Name
E.P. CORPORATION

Principal Place of Business
**190 26TH AVE NORTH
C. RICHARD FORLER
T PETERSBURG FL 33713**

Mailing Address
**2390 26TH AVE NORTH
% C. RICHARD FORLER
ST PETERSBURG FL 33713**

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90020 011 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2877 47th Ave N		2a. Mailing Address 2877 47th Ave N		3. Date Incorporated or Qualified 12/06/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2086300	
City & State St. Pete FL		City & State St. Pete FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33714		Zip 33714		6. Election Campaign Financing— Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country USA		Country USA		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**FORLER, C. RICHARD
2390 26TH AVE NORTH
ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent
81 Name **Jerry Frystak Jr.**
82 Street Address (P.O. Box Number is Not Acceptable)
2877 47th Ave N
83
84 City **St. Pete** FL 85 Zip Code **33714**

1. 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 **JERRY FRYSTAK JR.** *[Signature]* **7/19/99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE COO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FORLER, C. RICHARD		1.2 NAME	
STREET ADDRESS 2390 26TH AVE N		1.3 STREET ADDRESS	
CITY-STATE-ZIP ST PETERSBURG, FL 00000		1.4 CITY-STATE-ZIP	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRYSTAK, JERRY A JR		2.2 NAME	
STREET ADDRESS 2390 26TH AVE NORTH		2.3 STREET ADDRESS 2877 47th Ave N.	
CITY-STATE-ZIP ST. PETERSBURG FL		2.4 CITY-STATE-ZIP	
TITLE ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FORIER, SANDRA J.		3.2 NAME	
STREET ADDRESS 2390 26TH AVE NORTH		3.3 STREET ADDRESS	
CITY-STATE-ZIP ST PETERSBURG FL		3.4 CITY-STATE-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-STATE-ZIP		4.4 CITY-STATE-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-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/99 (727) 520-0062
Date Daytime Phone #

CR2E034 (5/99)