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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **648024** **(8)**

1. Corporation Name
GENERAL ECLECTIC, INC.

Principal Place of Business	Mailing Address
121 FORREST ST ~~P.O. BOX 4169~~ ~~SEASIDE FL 32459~~ ~~US~~	PO BOX 4772 P.O. BOX 4772 SEASIDE FL 32459 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1066 N. CO. HWY 395
Suite, Apt. #, etc.
22 P.O. BOX 4772
City & State
23 SANTA ROSA BCH., FL.
Zip 24 32459 Country 25 U.S.A.

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
12/12/1979

4. FEI Number
59-1965062
☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TROXEL, CHERYL
121 FOREST ST.
SEASIDE FL 32459

10. Name and Address of New Registered Agent

81 Name TROXEL, CHERYL
82 Street Address (P.O. Box Number is Not Acceptable) 1066 N. CO. HWY. 395
83 P.O. BOX 4772
84 City SANTA ROSA BCH, FL 85 Zip Code 32459

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	TROXEL, CHERYL		1.2 NAME		
STREET ADDRESS	~~121 FORREST ST~~		1.3 STREET ADDRESS	1066 N. CO. HWY 395	
CITY-ST-ZIP	~~SEASIDE FL~~		1.4 CITY-ST-ZIP	SANTA ROSA BCH., FL 32459	
TITLE	DTS V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	NABLO, JEFFREY L.		2.2 NAME		
STREET ADDRESS	~~121 FORREST ST~~		2.3 STREET ADDRESS	1066 N. CO. HWY. 395	
CITY-ST-ZIP	~~SEASIDE FL~~		2.4 CITY-ST-ZIP	SANTA ROSA BCH., FL. 32459	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 _____ 1/10/98