

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 840616

1. Corporation Name
EUROPCO MANAGEMENT COMPANY OF AMERICA

Principal Place of Business
4540 HWY 20 E
SUITE 304 Please Delete
NICEVILLE FL 32578
US

Mailing Address
PO BOX 5220
304 Please Delete
NICEVILLE FL 32578
US

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90153 038 ***158.75



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4540 Hwy 20 East

2a. Mailing Address
P.O. BOX 5220
Suite, Apt. #, etc.

3. Date Incorporated or Qualified
05/08/1978

4. FEI Number
58-1306439
Applied For
Not Applicable

Suite, Apt. #, etc.

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

City & State
NICEVILLE, FL

City & State
NICEVILLE, FL

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

Zip Country
32578 U.S.

Zip Country
32578 U.S.

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

WEAVER, DAVID C
4540 HWY 20 E
NICEVILLE, FL
NICEVILLE FL 32578

81 Name
HELENE R. HARRIS
82 Street Address (P.O. Box Number is Not Acceptable)
4540 Hwy. 20 East
83
84 City
NICEVILLE, FL 85 Zip Code
32578

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

4/7/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KING, JAMES T
26 ECCLESTON SQUARE
LONDON SW3 ENGLAND

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WEAVER, DAVID C
4540 HWY 20 E
NICEVILLE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ZIVAN, JEROME A
4540 HWY 20 E
NICEVILLE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STV
HARRIS, HELENE R.
4540 HWY 20 E
NICEVILLE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
VAUGHN, JANELLE G.
4540 HWY 20 E
NICEVILLE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 1999 (850) 897-6430 Ext

Date

Daytime Phone #

CR25024 (11/98)