

FILE NOW: FILING FEE AFTER MAY 1ST IS \$5500

FILED  
Mar 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F41092 (0)

1. Corporation Name  
DAVID C. ECKEL, P.A.

Principal Place of Business 6121 NW 1ST PLACE GAINESVILLE FL 32607	Mailing Address 6121 NW 1ST PLACE GAINESVILLE FL 32607
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/19/1981	
4. FEI Number 59-2138025	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

ECKEL, DAVID  
6121 N.W. 1ST PL.  
GAINESVILLE, FL.  
32607 32607

10. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ECKEL, DAVID	
STREET ADDRESS	6121 NW 1ST PLACE	
CITY - ST - ZIP	GAINESVILLE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	
1.3, T ADDRESS	
1.4 ST - ZIP	
2.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	
2.3, T ADDRESS	
2.4 ST - ZIP	
3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	
3.3, T ADDRESS	
3.4 ST - ZIP	
4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	
4.3, T ADDRESS	
4.4 ST - ZIP	
5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	
5.3, T ADDRESS	
5.4 ST - ZIP	
6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	
6.3, T ADDRESS	
6.4 ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the option 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 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:

3/20/98 352331 4857

CR2E034 (10/97)