

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F93420 (0)

1. Corporation Name

D.M. ECKERT ENTERPRISES (FLORIDA), INC.

Principal Place of Business

5130 BRITTANY DRIVE SO #904
ST. PETERSBURG FL 33715
US

Mailing Address

P.O. BOX 15038
ST. PETERSBURG FL 33733
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

ECKERT, DENVER M
5130 BRITTANY DRIVE SO. #904
ST PETERSBURG FL 33715

REINSTATEMENT

3. Date Incorporated or Qualified

08/05/1982

4. FEI Number

34-6544917

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

10. Name and Address of New Registered Agent

81 Name

ECKERT, ALAN D.

82 Street Address (P.O. Box Number is Not Acceptable)

5130 BRITTANY DR. SO. #904

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33715

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 ALAN D. ECKERT PRESIDENT

Alan D Eckert

12/2/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☒ DELETE

NAME ECKERT, DENVER M.
STREET ADDRESS 5130 BRITTANY DRIVE SO #904
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VTD ☐ DELETE

NAME ECKERT, ALAN D.
STREET ADDRESS 5130 BRITTANY DRIVE SO #904
CITY-ST-ZIP ST. PETERSBURG 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

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 8000002710478-7

1.3 STREET ADDRESS -12/11/98-01089-005

1.4 CITY-ST-ZIP *****750.00 *****750.00

2.1 TITLE PD ☒ Change ☐ Addition

2.2 NAME ECKERT, ALAN D.

2.3 STREET ADDRESS 5130 BRITTANY DR. SO. #904

2.4 CITY-ST-ZIP ST. PETERSBURG, FL.

3.1 TITLE VS ☐ Change ☒ Addition

3.2 NAME HOHENBERGER, GARY L.

3.3 STREET ADDRESS 20 LN 650 CA SNOW LAKE

3.4 CITY-ST-ZIP FREMONT, IN

4.1 TITLE T ☐ Change ☒ Addition

4.2 NAME DANDU, V.

4.3 STREET ADDRESS 5130 BRITTANY DR. SO. # 402

4.4 CITY-ST-ZIP ST. PETERSBURG, FL.

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.

SIGNATURE: ALAN D. ECKERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/98

727-864-3608

Date

Daytime Phone #

APPROVED
AND
FILED

98 DEC -4 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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