

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000003721 (7)

1. Corporation Name  
EC-ELMORE, INC.



Principal Place of Business

411 HIGHWAY 301 BLVD. E.  
BRADENTON FL 34208

Mailing Address

411 HIGHWAY 301 BLVD. E.  
BRADENTON FL 34208

3. Date Incorporated or Qualified  
07/15/1994

3a. Date of Last Report  
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0501119

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME C GARVENS, GARY H

1.2 NAME

STREET ADDRESS 9503 MIDDLEX DR.  
SAN ANTONIO TX 78217

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE CV ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME SALMERON, EDUARDO E

2.2 NAME

STREET ADDRESS 9503 MIDDLEX DR.

2.3 STREET ADDRESS

CITY-ST-ZIP SAN ANTONIO TX 78217

2.4 CITY-ST-ZIP

TITLE DP ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME ELMORE, CHARLES J JR.

3.2 NAME

STREET ADDRESS 412 HWY. 301 BLVD. E

3.3 STREET ADDRESS

CITY-ST-ZIP BRADENTON FL 34208

3.4 CITY-ST-ZIP

TITLE S ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME POLING, KATHLEEN U

4.2 NAME

STREET ADDRESS 815 MARINA VISTA, STE. F

4.3 STREET ADDRESS

CITY-ST-ZIP MARTINEZ CA 94553

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

2/12/96 941-746-3623  
Daytime Phone

CR2E034 (12/95)