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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary or State 98 DEC

AM 11:40

<u>                                     </u>	1998	DIVISION OF CO	ORPORATIONS	DETARY OF SIAIR	
DOCUMENT # F9700002610 (0)  SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA					
EBCO	FINANCIAL CORPORATION				Rutte nathe court seems state agit 1881
•					
Principal Plac	e of Business	Mailing Address			MARIE MUNIO (11050 BAIN) (1101) 4301 3061
3500 W DE PAUW BLVD. STE 2037 3500 W DE PAUW BLVD. S			STE 2037		ENT M
INDIANAPOLIS IN 46268 INDIANAPOLIS IN 46268				REINSTATEMA	HTHIS SPACE
				8. Date incorporated or Qualified	
				05/16/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 35-1979685	Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.			CO 75 11/2
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	8. This corporation owes or has paid	Added to Fees
24	25	<b>⊢</b> ¬ ' ⊦	30	Personal Property Tax due June 30	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
EVERITT, ANTHONY C 81 Name					
813 CHESTNUT-GOURT MARCO ISLAND FL 34145				Address (P.O. Box Number is Not Acceptable	)
			83	O KENDAL IN	<u> </u>
			84 City		lar Zie Code
				ARRO ISCANO	FL 85 Zip Code 34/145
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 Plorida. Such change was authorized by the corporation's board of directors. Hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 507.0505, Florida Statutes.					
agent, I am familiar with, and accept the obligations of, Section 507.0505, Florida Statutes,					
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signature	e required when reinstating)	DATE
12	ÖFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE .	PD PROPERTY	☐ DELETE	1.1 TITLE		Change Addition
NAME	BURDICK, BRUCE A 1223 W 79TH ST		1.2 NAME	2000027	801008-017
STREET ADORESS CITY-ST-ZIP	INDIANAPOLIS IN 46260		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	****750	.00 ****750.00
TITLE	STD	DELETE	2.1 TITLE	STD	Change Addition
NAME	EVERITT, ANTHONY &		2.2 NAME	EVERITT, ANTHONY C.	,
STREET ADDRESS	813 CHESTNUT COURT MARCO ISLAND FL 34145		2.3 STREET ADDRESS		34145
CITY-ST-ZIP TITLE	MANUE ISLAND FE 34 145	DELETE	2 4 GITY - ST - ZIP 3 1 TITLE	MARCO ISLAND, FL.	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		r-1
TITLE		L DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			4. 2 NAME 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		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		N) Change (2 Addition
TITLE NAME		ے محدد	6.2 NAME		/ W 2 00
STREET ADDRESS			6.3 STREET ADDRESS		44.6
CITY-ST-ZIP			6.4 CITY - ST-ZIP		\ V
14. I hereby o	certify that the information supplied wit	n this filling does not qualify for annual report is true and accur	the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I fur inature shall have the same legal effect as if m	ther certify that the information ade under oath; that I am an
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 807, Florida Statutes; and that my name appears In Block 12 or Block 13 if changed, or or an attachment with an address.					
Should be discount to it client group of or fact all additions.					

SIGNATURE: