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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **F97000002610**

1. Corporation Name

Principal Place of Business

STREET ADDRESS

CITY-ST-ZIP

**EBCO FINANCIAL CORPORATION** 

3500 w De.Pauw Blvd. Ste-2037 Indianapolis in 46268		3500 W DE PAUW BLVD. STE 2037 INDIANAPOLIS IN 46268				DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed				
						05/16/1997				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			Ар	plied For	
21		26			35-1979685			No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Statu	us Desired			Additional	
22		27				5. Certificate of State	15 Desired	F	ee Re	quired
City & Stat	e	City & State				6. Election Campaig	n Financing	\$	5.00	May Be
23		28				Trust Fund Contri	ibution	A	dded t	o Fees
Zip	Country	Zip	Country			8. This corporation of	owes the current year in			_
24	25	29	30			Personal Property		□Ye		□No
	9. Name and Address of Curre	ent Registered Agent					ess of New Registered	Agen	1	
				81	Name	•				ļ
	ITT, ANTHONY C		F	82	Street	t Address (P.O. Box Number is	s Not Acceptable)			_
	(ENDALL DR. CO ISLAND FL 34145									_
MAN	DU ISLAND FL 34143			83						
			ŀ	84	City		FL	85	Zip (	Code
										and and
office or r	to the provisions of Sections 607.03 egistered agent, or both, in the Stat m familiar with, and accept the oblic	te of Florida. Such change was au	jtnonzea	DV I	tne corp	poration's board of directors. I	hereby accept the appo	ntmen	t as re	gistered
SIGNATURE		NOTE	Danishina :		1 sinceture	required when reinstating)	DATE			\
12.	Signature, typed or printed name of registered a	AND DIRECTORS	13.	-yai i	t signature		IGES TO OFFICERS AI	ND DIF	RECTO	RS IN 12
TITLE	PD	☐ DELETE		1.1 TITLE		1,001,10,10,10,10			hange	Addition
NAME	BURDICK, BRUCE A	<del>_</del>	1.2 NA							
	4000 M TOTAL OT				ADORESS					
	INDIANAPOLIS IN 46260		1.4 CIT							i
CITY-ST-ZIP TITLE	STD	☐ DELETE	2.1 TIT		- 211				hange	Addition
	1			2.2 NAME				_	-	
NAME	EVERITT, ANTHONY C									
STREET ADDRESS			1		ADDRESS	5				
CITY-ST-ZIP	MARCO ISLAND FL 34145			2.4 CITY-ST-ZIP 3.1 TITLE					hange	Addition
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NAME			3.2 NAME							ļ
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NAME					ADDRESS					
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TITLE ' '		☐ DETEIF	6.2 NA						vange	- Addition
NAME				/	. ********					ļ
STDEET ADDDESS	1		6.3 5 1	KEE	ADDRESS	٥ J				

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 to Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90027 015 \*\*\*150.00