FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G15240** **(6)**

1. Corporation Name
ECHO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7240 HAWKSNEST BLVD. ORLANDO FL 32835	7240 HAWKSNEST BLVD. ORLANDO FL 32835

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/27/1982**
3a. Date of Last Report: **04/12/1994**

2. Principal Place of Business
21 **12515 SR 535**
22 Suite, Apt. #, etc.
23 City & State: **Orlando, Florida**
24 Zip: **32819** 25 Country: **USA**

2a. Mailing Address
26 **7240 Hawksnest Blvd.**
27 Suite, Apt. #, etc.
28 City & State: **Orlando, FLorida**
29 Zip: **32835** 30 Country: **USA**

4. FEI Number: **59-2238520** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes [X] No

9. Name and Address of Current Registered Agent

HANEKAMP, WILLIAM L
1609 S. KIRKMAN ROAD
#2303
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name: **William L. Hanekamp**
82 Street Address (P.O. Box Number is Not Acceptable): **7240 Hawksnest Blvd.**
83
84 City: **Orlando** **FL** 85 Zip Code: **32835**

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: William L. Hanekamp — William L. Hanekamp — 2/20/95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when filing) — Date

12. OFFICERS AND DIRECTORS

TITLE	VS
NAME	HANEKAMP, JOYCE M.
STREET ADDRESS	1609 S. KIRKMAN RD., #2303
CITY-ST-ZIP	ORLANDO FL
TITLE	PT
NAME	HANEKAMP, WILLIAM L.
STREET ADDRESS	1609 S. KIRKMAN RD., #2303
CITY ST ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VS	[X] Change [ ] Addition
12 NAME	HANEKAMP, JOYCE M.	
13 STREET ADDRESS	7240 HAWKSNEST BLVD.	
14 CITY-ST-ZIP	ORLANDO, FLORIDA 32835	
21 TITLE	PT	[X] Change [ ] Addition
22 NAME	HANEKAMP, WILLIAM L.	
23 STREET ADDRESS	7240 HAWKSNEST BLVD.	
24 CITY ST ZIP	ORLANDO, FLORIDA 32835	
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 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)(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: Joyce M. Hanekamp — Joyce M. Hanekamp — 2/20/95 — 407-578-9032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083087 CP