

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G15240** (6)

1. Corporation Name

**ECHO ENTERPRISES, INC.**



Principal Place of Business

**12515 SR 535  
ORLANDO FL 32819  
US**

Mailing Address

**7240 HAWKSNEST BLVD  
ORLANDO FL 32835  
US**

2. Principal Place of Business

21 **12515 SR 535**

Suite, Apt. #, etc.

22

City & State

23 **ORLANDO, FL.**

Zip

24 **32819**

Country

25 **ORANGE**

2a. Mailing Address

26 **3413 wilderness**

Suite, Apt. #, etc.

27

City & State

28 **PARRISH, FL.**

Zip

29 **34219**

Country

30 **ORANGE**

3. Date Incorporated or Qualified

**12/27/1982**

3a. Date of Last Report

**02/27/1995**

4. FEI Number

**59-2238520**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**HANEKAMP, WILLIAM L  
7240 HAWKSNEST BLVD  
ORLANDO FL 32835**

**MANATEE**

10. Name and Address of New Registered Agent

81 Name

**WILLIAM L. HANEKAMP**

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

**3413 WILDERNESS BV.E.**

83

**PARRISH, FL.**

84 City

**FL**

85 Zip Code

**34219**

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 registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE VS ☐ DELETE

NAME **HANEKAMP, JOYCE M.**  
STREET ADDRESS **7240 HAWKSNEST BLVD**  
CITY-ST-ZIP **ORLANDO FL**

TITLE PT ☐ DELETE

NAME **HANEKAMP, WILLIAM L.**  
STREET ADDRESS **7240 HAWKSNEST BLVD**  
CITY-ST-ZIP **ORLANDO 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**3413 WILDERNESS BV.E.**

**PARRISH, FL. 34219**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**3413 WILDERNESS BV.E.**

**PARRISH, FL. 34219**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

**Joyce M. Hanekamp**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-23-96**

**941-776-2439**

DATE

Telephone Prefix

CR2E034 (12/95)