

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G20558

1. Corporation Name
EICKHOFF, PIEPER & WILLOUGHBY, INC.

Principal Place of Business

400 N. TAMPA ST
SUITE 2650
TAMPA FL 33602
US

Mailing Address

400 N. TAMPA ST
SUITE 2650
TAMPA FL 33602
US

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90072 050 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1983

4. FEI Number

59-2273860

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

30

9. Name and Address of Current Registered Agent

PIEPER, JOHN H.
400 N. TAMPA ST.
SUITE 2650
TAMPA FL 33602-1716

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PIEPER, JOHN H	
STREET ADDRESS	400 N. TAMPA ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	EICKHOFF, WILLIAM A	
STREET ADDRESS	400 N. TAMPA ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILLOUGHBY, JOHN P.	
STREET ADDRESS	200 WEST FORSYTH, #800	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CURTIS, WARD JR	
STREET ADDRESS	215 2 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FULLERTON, KENNETH D	
STREET ADDRESS	300 1 AVE S, 302	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	IRWIN, IAN	
STREET ADDRESS	1124 TORTUGA CR NE	
CITY-ST-ZIP	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CLAMPITT, RONALD E.	
1.3 STREET ADDRESS	PO BOX 10604	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33733	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARRIS, JACK A, MD	
2.3 STREET ADDRESS	2612 Keystone Court North	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33710	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MAHAFFEY, MARK T.	
3.3 STREET ADDRESS	5926 Bahama Shores DR South	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33705	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LEAVENGOOD, VICTOR P.	
4.3 STREET ADDRESS	4516 Sylvan Ramble	
4.4 CITY-ST-ZIP	Tampa, FL 33609	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SAVAGE, NEIL W.	
5.3 STREET ADDRESS	383 Third Ave North	
5.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EICKHOFF, CEO

4/22/99

(813) 229-2180

Date

Daytime Phone #

CR2E034 (11/98)