

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

FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H60308 (4)

1. Corporation Name  
EAGLE CREEK COMMERCIAL COMPANY, INC.

Principal Place of Business  
ONE EAGLE CREEK DRIVE  
NAPLES FL 33962

Mailing Address  
ONE EAGLE CREEK DRIVE  
NAPLES FL 34113



3. Date Incorporated or Qualified 06/05/1985  
3a. Date of Last Report 04/29/1996

2. Principal Place of Business  
21 601 Eagle Creek Drive  
22 Suite, Apt #, etc.

2a. Mailing Address  
26 601 Eagle Creek Drive  
27 Suite, Apt #, etc.

4. FEI Number 59-2728764  
Applied For Not Applicable

22 City & State Naples, FL

27 City & State Naples, FL

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

23 Zip 34113 Country U.S.A.

28 Zip 34113 Country U.S.A.

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 34113 Country U.S.A.

29 Zip 34113 Country U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMICO, DAVID J  
ONE EAGLE CREEK DRIVE  
NAPLES FL 33962

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) 601 Eagle Creek Drive  
83  
84 City Naples FL 85 34113

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	LIPS, HERBERT	
STREET ADDRESS	ONE EAGLE CREEK DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	AMICO, DAVID J.	
STREET ADDRESS	ONE EAGLE CREEK DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	CTD	<input type="checkbox"/> DELETE
NAME	SCHWAGER, HANSPETER	
STREET ADDRESS	ONE EAGLE CREEK DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEINEMANN, HANSJORG	
STREET ADDRESS	ONE EAGLE CREEK DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	601 Eagle Creek Drive
1.4 CITY-ST-ZIP	Naples, FL 34113
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	601 Eagle Creek Drive
2.4 CITY-ST-ZIP	Naples, FL 34113
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	601 Eagle Creek Drive
3.4 CITY-ST-ZIP	Naples, FL 34113
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	601 Eagle Creek Drive
4.4 CITY-ST-ZIP	Naples, FL 34113
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do 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.

SIGNATURE: David J. Amico 4/23/97 (941) 775-2227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)