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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

H97418

1. Corporation	MENT # H974 LES H. ECKEL & SONS	(-)			1014
Principal Place	of Business	Mailing Address			0f0/1 010/1 010/1 010/1 010/f 188/
% THOMAS J. ECKEL 1602 N. 2ND ST. BLDG. B FT.PIERCE FL 34950		% Thomas J. Ecker 1602 N. 2ND St. BL(Ft.Pierce Fl. 34950			
					ate of Last Report 04/03/1995
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
1	h	26		59-2626396	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State)	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip 4	Country	Z _I p	Country	8. This corporation has liability for intangible	tax under s. 199.032,
*1	25 9. Name and Address of Cu	29 Irrent Registered Agent	30	Florida Statutes Yes No 10. Name and Address of New Registere	d A
			81 Name	10. Hallie dilu Audiess VI New Negistere	u Agent
ECKEL,	THOMAS J.		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	2ND STREET			oress (F.O. BOX NURBOR IS NOT Acceptable)	
FT.PIER	CE FL 34950		83		
			84 City		85 Zip Code
11. Pursuant t	o the provisions of Sections 607.	0502 and 607.1508, Florida Statu	tes, the above-named corporation has	oration submits this statement for the purpose of coard of directors. I hereby accept the appointment a	
familiar wit	h, and accept the obligations of.	Section 607.0505, Florida Statute	s.	ard of directors. I fieleby accept the appointment (as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered	constant for doubt the first			
12.		AND DIRECTORS	OTt: Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
of; F	SPD	☐ DELETE	1. 1 TOLE		Change Addition
NAME	ECKEL, THOMAS J.	405 FERNANDI	12 NAME		
STREET ADDRESS	-1903 PLOVER AVE #B - FT. PIERC FL		13 STREET ADDRESS		
IY-\$1-ZP					
:11 F	7 11 1110 1 1	FT. PILIRLE FL. 349	14 CITY-ST-7IP		
	71.11.1012		14 CITY-ST-ZIP 2 1 TIFLE		☐ Change ☐ Addition
AME	THIRTOTE	FT. PILIRLE FL. 349	14 CITY-SI-7IP 2 1 TIFLE 22 NAME		☐ Change ☐ Addition
IAME PRELLADORESS	THEOTE	FT. PILIRLE FL. 349	14 CITY-ST-7IP 2 1 TITLE 22 NAME 23 STREET ADDRESS		Change Addition
VAME STREET ADDRESS DITY+SE ZIP	THINGTE	FT. PILIRLE FL. 349	14 CITY-SI-7IP 2 1 TIFLE 22 NAME		Change Addition
HILE VAME VIBELLADURESS DILY-SL-ZIP ULF ILE	THEOLE	FT. PILIRCE FL. 349	14 CITY - ST - ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 24 CITY - ST - ZIP		
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SIGNATURE: LAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-56 407.465-5388