

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 APR 28 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **M87335** (9)
1. Corporation Name
ECKLER DEVELOPMENT, INC.

Principal Place of Business Mailing Address
5200 S WASHINGTON AVE. **5200 S WASHINGTON AVE.**
P O BOX 5637 **P O BOX 5637**
TITUSVILLE FL 32783 **TITUSVILLE FL 32783**

3. Date Incorporated or Qualified **06/16/1988** 3a. Date of Last Report **02/21/1994**

4. FEI Number **59-2929782** Applied For
Not Applicable

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

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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suits, Apt. #, etc. Suits, Apt. #, etc.
22 27
City & State City & State
23 28
Zip County Zip County
24 25 29 30

9. Name and Address of Current Registered Agent

AMARI, RICHARD
96 WILLARD ST
SUITE 302
COCOA FL 32922

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 607.1506, 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 _____ DATE _____
Signature: typed or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME **ECKLER, RALPH**
STREET ADDRESS **5200 S. WASHINGTON AVE.**
CITY - ST - ZIP **TITUSVILLE FL**
TITLE S
NAME **SPURLOCK, DONALD J.**
STREET ADDRESS **2245 SYKES CREEK DR**
CITY - ST - ZIP **MERRITT ISLAND FL**
TITLE T
NAME **MOHR, RON V.**
STREET ADDRESS **352 CHANDLER ST**
CITY - ST - ZIP **CAPE CANAVERAL FL**
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1 1 TITLE Change Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP
2 1 TITLE Change Addition
2 2 NAME
2 3 STREET ADDRESS **No longer an officer or director.**
2 4 CITY - ST - ZIP
3 1 TITLE Change Addition
3 2 NAME **ST**
3 3 STREET ADDRESS **Mohr, Ron V.**
3 4 CITY - ST - ZIP **5200 S. Washington Avenue**
Titusville, FL 32780
4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP
5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP
6 1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: _____
SIGNATURE TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

January , 1995 (407)269-9680