

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N93000000312 (9)**

1. Corporation Name

ECO-RICA PRESERVATION, INC.



Principal Place of Business % L.J. VAUGHN 777 HARBOUR ISLAND TAMPA FL 33602	Mailing Address % LAVINIA VAUGHN P.O. BOX 3239 TAMPA FL 33601
---	---

3. Date Incorporated or Qualified 01/25/1993	Applied For ☐ Not Applicable
4. FEI Number 59-3179952	
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

**MARKS, JAN M
1507 E 7TH AVE
TAMPA FL 33605**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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/P	1.1 TITLE	☐ Change ☐ Addition
NAME	TUBBS, MICHAEL E	1.2 NAME	
STREET ADDRESS	15918 DOVER CLIFF DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33549	1.4 CITY-ST-ZIP	
TITLE	DVT	2.1 TITLE	☐ Change ☐ Addition
NAME	PHOENIX, HEART A	2.2 NAME	
STREET ADDRESS	3232 SW 35 BLVD #121	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	DAVS	3.1 TITLE	☐ Change ☐ Addition
NAME	PHOENIX, RAIN	3.2 NAME	
STREET ADDRESS	3232 SW 35 BLVD. #121	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Heath Phoenix
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/98
Date

352 4660224
Daytime Phone # 0042330

CR2E037 (10/97)