


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N9300000 1644 (4) 1. Corporation Name E.E.H.O. ASS'N, INC					
Principal Place of Business 12130 US Hwy. 41, S LOT # 38 GIBSONTON, FL 33534 U.S.			Mailing Address 12130 U.S. Hwy. 41, S. LOT # 38 GIBSONTON, FL 33534 U.S.		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 04/12/1993 3a. Date of Last Report 04/15/96 4. FET Number 65-0415613 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MANTIONE, MAGGIE 12130 U.S. Hwy. 41, S LOT 38 GIBSONTON, FL 33534			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 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					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	MANTIONE, MAGGIE				
STREET ADDRESS	12130 US 41, S LOT 38				
CITY-ST-ZIP	GIBSONTON, FL 33534				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	DOZIER, WILLIAM				
STREET ADDRESS	12130 US 41, S LOT 38				
CITY-ST-ZIP	GIBSONTON, FL 33534				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	GARRETT, WILDA				
STREET ADDRESS	12130 U.S. 41, S LOT 38				
CITY-ST-ZIP	GIBSONTON, FL 33534				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	RENO, ETHEL				
STREET ADDRESS	12130 U.S. 41, S LOT 38				
CITY-ST-ZIP	GIBSONTON, FL 33534				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	FONTAINE, KENNETH				
STREET ADDRESS	12130 U.S. 41, S LOT 38				
CITY-ST-ZIP	GIBSONTON, FL 33534				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
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					
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.					
SIGNATURE: <i>Kenneth L. Fontaine</i>		7-7-97		813-671-4022	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E037 (9/96)