

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90150 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000053773

1. Corporation Name
ECU SERVICES CORP.



Principal Place of Business 64 S REUS ST PENSACOLA FL 32501	Mailing Address P. O. BOX 844 PENSACOLA FL 32594-0844 US
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 08/02/1993	4. FEI Number 59-3200047	Applied For <input type="checkbox"/> Not Applicable
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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

**LOWERY, C W
64 S REUS ST
PENSACOLA FL 32501**

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 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	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOWERY, C W	1.2 NAME	Rich, Larry
STREET ADDRESS	64 S REUS ST	1.3 STREET ADDRESS	3600 Gatewood Drive
CITY-ST-ZIP	PENSACOLA FL 32501	1.4 CITY-ST-ZIP	Pensacola, FL 32514
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLISLE, ANNE	2.2 NAME	Cawley, Dr. Elizabeth
STREET ADDRESS	737 BOULDER CREEK DR	2.3 STREET ADDRESS	6000 Drexel Rd.
CITY-ST-ZIP	PENSACOLA FL 32514	2.4 CITY-ST-ZIP	Pensacola, FL 32504
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, JOHN E	3.2 NAME	
STREET ADDRESS	120 HIGHPOINT DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, MARJORIE	4.2 NAME	
STREET ADDRESS	6300 VICKSBURG DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCARTHUR, BILL	5.2 NAME	
STREET ADDRESS	1825 BAKA LANE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADNER, CLARENCE	6.2 NAME	
STREET ADDRESS	3166 LAKE SUZANNE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99

Date

(850) 434-2211

Daytime Phone #