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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 21 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #**

1, Corporation	EN COMMAND, INC.	025996 (3)			
Principal Plac	e of Business	Mailing Address			106 06610 10110 10101 1011 1001
248 HILDAGO RD ST. AUGUSTINE FL 32084 US		248 HILDAGO ROAD ST. AUGUSTINE FL 32084		DO NOT WRITE IN THIS	PDACE
				3. Date Incorporated or Qualified	STACE
				04/04/1994	
2. Principal Place of Business		2a. Mailing Address		4, FEI Number	Applied For
21		26		59-3237847	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	·	5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Efection Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ <b>29</b>	Country 30	<ol> <li>This corporation owes or has paid the current Personal Property Tax due June 30.</li> </ol>	irrent year Intangible Yes D No
	g Name and Address of Current	Registered Agent	200,400	10. Name and Address of New Registered	Agent
	MPBELL, GLENN M		81 Namo		
248 HILDAGO ROAD			82 Street A	Address (P.O. Box Number is Not Acceptable)	<u></u>
SI.	. AUGUSTINE FL 32084		83		
			84 City	FL	85 Ziρ Code
11. Pursuani	to the provisions of Sections 607.0502	and 607.1508, Florida Statuto	es, the above-named	corporation submits this statement for the purpose of	of changing its registered
agent i a	<b>registere</b> d agent, or both, in the State in <b>famili</b> ar with, and accept the obligation	of Florida, Such change was a tions of, Section 607.0505, Flo	iutriorized by the corp orida Statutes.	oration's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Signature typed or printed harm of registered ages	itas Ebre if apposable (NOTI	Hogisleree Agent signature	required when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D, PRES, SIH	[_] DECETE	1.1 TITLE	PRES, S/H	Change Addition
NAME	CAMPBELL, GLENN M		1.2 NAME		
STREET ADDRESS	248 HILDAGO ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	DELFTE	1.4 CITY - ST - ZIP	1 001/ 2011/2017/19	Change Addition
TITLE	<b>2</b>	נ_ מננונ	2.1 TITLE	JERRY MCNOSLEY, VP. 248 HILDAGO ROAD ST. AUGUSTINE, FL. 3	Change Le Addition
NAME DIDICT ADDOCCO			2.2 NAME	248 HILDAGO ROMO	
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 3	2014
TITLE	· · · · · · · · · · · · · · · · · · ·	DILETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		_ , _
STREET ADDRESS			9.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP	•	
TETLE		DELETE	4.1 TDLE		Change Addition
NAME			4. 2 NAME	•	
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	·		4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELFTE	5.4 CHY-\$1-7IP		Change Addition
NAME		L. Deter	6 1 TITLE 62 NAME	•	ш откондо шлации
			6.3 STREET ADDRESS		
STREET ADDRESS			0.3 STREET ADDRESS		

14. Thereby 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 attach floor with an address.