SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P94000083362	(1))
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NANCY JANE ECKERT, P.A.

Principal Place of Business Mailing Address 14265 SW 44TH COURT 14265 SW 44TH COURT OCALA FL 34473 OCALA FL 34473 3a. Date of Last Report 3. Date Incorporated or Qualified 11/10/1994 04/14/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3279668 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Žφ Country ີ Yes [ີ] No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ECKERT, NANCY J 14265 SW 44TH COURT 82 Street Address (P.O. Box Number is Not Acceptable) **OCALA FL 34473** 83 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505 Florida Statutes. ANE ECKER Resipent ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. 12 DELETE 1 1 TITLE TITLE CR2E034 1.2 NAME ECKERT, NANCY J 14265 SW 44TH COURT 1.3 STREET ADDRESS STREET ADDRESS 1.4 CiTY - ST - ZiP OCALA FL 34473 CHTY-ST-ZIP Change Addition DELETE 21 THE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CHY - S1 - 2IP CITY - ST - ZIP Ghange Addition DELETE 3.1 HILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHTY - \$1 - ZIP CITY-ST-ZIP DELFTE Change Addition 4.1 1011.6 THILE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 OTY-ST ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TPUE TOTALE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST-ZIP Change Addition DELETE 6.1 LILE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling is voluntarily turnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and

SIGNATURE:

that my name appears in Bloc

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

neseslent 6-14-96 352-347-7337