

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000029222 (3)**

1. Corporation Name  
**EPICOR, INC.**

Principal Place of Business

**908 BUCKSAW PLACE  
LONGWOOD FL 32750  
US**

Mailing Address

**908 BUCKSAW PL.  
LONGWOOD FL 32750**

98 JUL 24 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/13/1995**

4. FEI Number

**59-3307825**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**CASE, GREGORY C  
908 BUCKSAW PL.  
LONGWOOD FL 32750**

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 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

TITLE	<b>PVP</b>	<input type="checkbox"/> DELETE
NAME	<b>CASE, GREGORY C.</b>	
STREET ADDRESS	<b>908 BUCKSAW PLACE</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>CASE, LUCILLE P.</b>	
STREET ADDRESS	<b>908 BUCKSAW PLACE</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>0000026018503</b>
1.2 NAME	<b>-07/29/98--01083--008</b>
1.3 STREET ADDRESS	<b>****150.00 ****150.00</b>
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	

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

SIGNATURE:

*[Signature]*

7-2-98

402-339-2233

0010389

CR2E034 (5/98)

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Mrs. Lucille Case  
EPICOR Inc.  
908 Bucksaw Place  
Longwood, Florida  
32750  
July 20, 1998

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Ladies/ Gentlemen:

My husband and I own the corporation known as Epicor. On April 25, 1998 we mailed the completed form and sent check # 607 for 150.00 to your department to renew our corporation status. Apparently it was not received or lost. The check was never cashed and we never received any notice that you didn't receive it until we got a second notice in the mail and a bill for \$550.00. My husband Greg called your office and he was told to write a letter and mail it to your dept. He did this early this month. On Saturday, July 18, 1998, we received our check returned and a bill for \$550.00. I called and spoke to a very nice lady named Stacey. She told me to write another letter and send it to the above address. I am also remailing the check. I truly hope this matter can be resolved.

Thank you very much. I am sending this priority mail so it doesn't get lost. If you have any questions, please call us at (407) 339-7233. This is also our fax number. Again, thanks so much for helping us to rectify this problem.

Very Truly Yours,



Lucille Case  
secretary and treasurer of Epicor