

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90101 009 ***150.00

DOCUMENT # P95000043450

1. Corporation Name

MICHAEL C. ERICKSON, INC.

Principal Place of Business

3753 HIGHBLUFF DRIVE
LARGO FL 34640

Mailing Address

3753 HIGHBLUFF DRIVE
LARGO FL 34640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1995

4. FEI Number

36-3841314

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 3600 High Bluff Dr

Suite, Apt. #, etc.

22 City & State

23 Largo, FL

Zip Country

24 33770

25

2a. Mailing Address

26 3600 High Bluff Dr

Suite, Apt. #, etc.

27 City & State

28 Largo, FL

Zip Country

29 33770

30

9. Name and Address of Current Registered Agent

ERICKSON, MICHAEL
3753 HIGHBLUFF DRIVE
LARGO FL 34640

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3600 High Bluff Dr

84 City

Largo

FL

85 Zip Code

33770

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 *Michael Erickson* Michael Erickson President 1/15/99

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 D
NAME ERICKSON, MICHAEL C
STREET ADDRESS 3753 HIGHBLUFF DRIVE
CITY-ST-ZIP LARGO FL 34640

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Erickson, Michael C
1.3 STREET ADDRESS 3600 High Bluff Dr.
1.4 CITY-ST-ZIP Largo, FL 33770

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 with all other like empowered.

SIGNATURE: *Michael Erickson* Michael Erickson President 1/15/99 216-813-5693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2ED34 (11/98)

0419158