


FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000097717 (9)

1. Corporation Name

THE ECKHARDT COMPANY OF NAPLES, INC.



Principal Place of Business

567 99TH AVENUE NORTH
NAPLES FL 33963

Mailing Address

567 99TH AVENUE NORTH
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 The coffee Bernery	26 The coffee Bernery	12/21/1995	65-0639940	Not Applicable
22 880.3 Tamiami Trl. N.	27 880.3 Tamiami Trl. N.	5. Certificate of Status Desired	8.75 Additional Fee Required	
23 Naples, FL.	28 Naples, FL.	6. Election Campaign Financing Trust Fund Contribution	5.00 May Be Added to Fees	
24 34108	25 USA	29 34108	30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CHEFFY, JANE YEAGER
2375 TAMIAHI TRAIL NORTH
SUITE 207
NAPLES FL 33940

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKHARDT, JOHN H	1.2 NAME	
STREET ADDRESS	567 99TH AVENUE NORTH	1.3 STREET ADDRESS	New zip = 34108
CITY - ST - ZIP	NAPLES FL 33963	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKHARDT, TORY	2.2 NAME	
STREET ADDRESS	567 99TH AVENUE NORTH	2.3 STREET ADDRESS	New Address!
CITY - ST - ZIP	NAPLES FL 33963	2.4 CITY - ST - ZIP	755 104th Ave. N Naples, FL. 34108
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKHARDT, SANDRA L	3.2 NAME	
STREET ADDRESS	567 99TH AVENUE NORTH	3.3 STREET ADDRESS	New zip = 34108
CITY - ST - ZIP	NAPLES FL 33963	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKHARDT, TRENT H	4.2 NAME	
STREET ADDRESS	567 99TH AVENUE NORTH	4.3 STREET ADDRESS	New Address!
CITY - ST - ZIP	NAPLES FL 33963	4.4 CITY - ST - ZIP	782 109th Ave. N Naples, FL. 34108
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:  John H. Eckhardt 2/11/98 941-594-0088

CR2E034 (10/97)