**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90152 037 \*\*\*150.00

## 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

## **DOCUMENT #** P96000057910

1. Corporation Name

EEC & ACCOCIATED INC

Ε.Γ.Ο. α	ASSOCIATES, INC.				
Principal Place	of Business	Mailing Address		T (EDI(\$BUL NO \$30\$ DIVID OBSULABUL)	: Bott onto offic inner thent their their most fami
400 W AIRPORT	DR	400 W AIRPORT DR SEBASTIAN FL 32958			
US US		US			E IN THIS SPACE
				3. Date Incorporated or Qualifed 07/10/1996	
2. Principal Pl	ace of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Applied For
21		26		59-3387716	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	·	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	C	Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes the current	nt year Intangible ☐ Yes ☑ No
24	25	29 3	<u> </u>	Personal Property Tax.  10. Name and Address of New Re	
	9. Name and Address of Curren	t Registered Agent	81 Name /		
	•		111111111111111111111111111111111111111	<u> 1elinda McGee</u>	<u></u>
				ess (P.O. Box Number is Not Acceptab	ile)Rd NW
			1572	<u> Holbrook </u>	<u> Nu Nw</u>
			63		
1			84 City Do	Jac Pari	85 Zip Code
			771	IM DAY	FL 32907
l office or re	edistered agent, or both, in the State.	of Florida. Such change was aut	norized by the corporation	oration submits this statement for the pon's board of directors. I hereby accept	the appointment as registered
agent I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statutes.		
SIGNATURE	Melinda M	Sue n	nelinan 1	ncGee :	3-9-99
<del> </del>	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R ID DIRECTORS	Registered Agent signature required  13.	ADDITIONS/CHANGES TO OFF	
12.	DP ,	DELETE	1.1 TITLE	ABBITIONO/OFFARIOZO TO OFF	Change Addition
TITLE		□ occe.c	1.2 NAME		
NAME	GRIMWADE, ANDREW		1.3 STREET ADDRESS		
STREET ADDRESS	8300 US HWY 1		· ·		
CITY-ST-ZIP	MICCO FL 32976	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	VST	<u> </u>	2.2 NAME		<del></del> •
NAME	GRIMWADE, ANDREW		2.3 STREET ADDRESS		
STREET ADDRESS	8300 US HWY 1				
CITY-ST-ZIP	MICCO_FL 32976	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE		L. DECETE	3.2 NAME	,	<del>-</del> · -
NAME			3.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE	34 CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
TITLE			4. 2 NAME		_ , _
NAME					
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE			5.1 IIILE 5.2 NAME	•	□â. □a
NAME			53 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP	1	☐ DELETE	6.1 TITLE		Change Addition
TITLE		[	6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS	1				

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 suppliemental 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE END TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR