

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).

FILED

Sep 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000050986 (3)

1. Corporation Name

ECCLECTIC INNOVATIONS, INC.

Principal Place of Business

3467 LK. PADGETT DR.
LAND O'LAKES FL 34639

Mailing Address

3467 LK. PADGETT DR.
LAND O'LAKES FL 34639

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1997

4. FEI Number

59-3459649

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

2. Principal Place of Business

21 7820 N. ARMENIA AVE

2a. Mailing Address

26 7820 N. ARMENIA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TAMPA, FL

City & State

28 TAMPA, FL

Zip

24 33604

Country

25 USA

Zip

29 33604

Country

30 USA

9. Name and Address of Current Registered Agent

~~STOREY, TOM~~
~~3467 LK. PADGETT DR.~~
~~LAND O'LAKES FL 34639~~

10. Name and Address of New Registered Agent

81 Name R. Wade Wetherington
82 Street Address (P.O. Box Number is Not Acceptable)
2625 Park Tower
83 400 North Tampa Street
84 City Tampa FL 85 Zip Code 33629

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 *R. Wade Wetherington*

(NOTE: Registered Agent signature required when reinstating)

8/20/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME TOM STOREY

STREET ADDRESS 3467 LK. PADGETT DRIVE

CITY-ST-ZIP LAND O LAKES, FL. 34639

TITLE ☐ DELETE

NAME CATHY STOREY

STREET ADDRESS 3467 LK. PADGETT DRIVE

CITY-ST-ZIP LAND O LAKES, FL. 34639

TITLE ☐ DELETE

NAME LINDA P. GRIFFIN

STREET ADDRESS 19601 CRESCENT RD.

CITY-ST-ZIP ODESSA, FL. 33556

TITLE ☐ DELETE

NAME ROBERT B. GRIFFIN

STREET ADDRESS 19601 CRESCENT ROAD

CITY-ST-ZIP ODESSA, FL. 33556

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *Sandra B. Mortham*

8/27/98 813-935-0593

CR2E034 (5/98)