


**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90113 007 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000020746**

1. Corporation Name

**ECONOMY LOCATING SERVICE, INC.**

Principal Place of Business

POST OFFICE BOX 3926  
SEMINOLE FL 33775

Mailing Address

POST OFFICE BOX 3926  
SEMINOLE FL 33775

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1998

4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **4986 Woodland Dr**

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City &amp; State

23 **St Petersburg, FL**

Zip

Country

24 **33708** 25 **USA**

City &amp; State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**RICCI, TIMOTHY**  
**4986 WOODLAND DRIVE**  
**ST. PETERSBURG FL 33708**

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>President</b>	<input type="checkbox"/> DELETE
NAME	<b>Timothy F Ricci</b>	
STREET ADDRESS	<b>4986 Woodland Dr</b>	
CITY-ST-ZIP	<b>St Petersburg, FL 33708</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> DELETE
NAME	<b>Timothy F Ricci</b>	
STREET ADDRESS	<b>4986 Woodland Dr</b>	
CITY-ST-ZIP	<b>St Petersburg, FL 33708</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> DELETE
NAME	<b>Timothy F Ricci</b>	
STREET ADDRESS	<b>4986 Woodland Dr</b>	
CITY-ST-ZIP	<b>St Petersburg, FL 33708</b>	
TITLE	<b>Treasurer</b>	<input type="checkbox"/> DELETE
NAME	<b>Timothy F Ricci</b>	
STREET ADDRESS	<b>4986 Woodland Dr</b>	
CITY-ST-ZIP	<b>St Petersburg, FL 33708</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

*Timothy F Ricci*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/1/99** **727 391 4991**  
 Date Daytime Phone

CR2E034 (11/98)