

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 90003 003 ***155.00

DOCUMENT # P98000063808

1. Corporation Name
ECA, INC.



Principal Place of Business
10660 MACGREGOR DR.
PENSACOLA FL 32514

Mailing Address
10660 MACGREGOR DR.
PENSACOLA FL 32514

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8800 UNIVERSITY PKWY B1		2a. Mailing Address 26 8800 UNIVERSITY PKWY B1		3. Date Incorporated or Qualified 07/17/1998	
Suite, Apt. #, etc. 22 B1		Suite, Apt. #, etc. 27 B1		4. FEI Number 59-3523350	
City & State 23 PENSACOLA FL 32514		City & State 28 PENSACOLA FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country 24 32514 25 USA		Zip Country 29 32514 30 USA		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MCKEE, LARRY E 10660 MACGREGOR DR. PENSACOLA FL 32514				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent 81 Name LARRY E. MCKEE 82 Street Address (P.O. Box Number is Not Acceptable) 5772 TAMERACK DR 83 84 City PACE FL 85 Zip Code 32571	
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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 LARRY E. MCKEE DIRECTOR 01/07/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEE, GLORIA J	1.2 NAME	
STREET ADDRESS	10660 MACGREGOR DR.	1.3 STREET ADDRESS	5772 TAMERACK DR
CITY-ST-ZIP	PENSACOLA FL 32514	1.4 CITY-ST-ZIP	PACE FL 32571
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEE, LARRY E	2.2 NAME	
STREET ADDRESS	10660 MACGREGOR DR.	2.3 STREET ADDRESS	5772 TAMERACK DR
CITY-ST-ZIP	PENSACOLA FL 32514	2.4 CITY-ST-ZIP	PACE FL 32571
TITLE	DST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROMMEL, ELEANOR L	3.2 NAME	
STREET ADDRESS	5340 SUSSEX LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PACE FL 32571	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DIRECTOR
STREET ADDRESS		4.3 STREET ADDRESS	MICHAEL FIELDS
CITY-ST-ZIP		4.4 CITY-ST-ZIP	6 EARL COURT
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LARRY E. MCKEE 01/07/99 994-1588
Date Daytime Phone #