

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL 21 PM 12: 22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S85832

(1)

1. Corporation Name

E.C.D. ASSOCIATES, INC.

Principal Place of Business

2055 WOOD ST.
STE. #205
SARASOTA FL 34237
US

Mailing Address

2055 WOOD ST.
STE. #205
SARASOTA FL 34237
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1991

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0278274

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. The corporation has liability for intangible tax under s. 194.03,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 522 CEDARWOOD LANE

2a. Mailing Address

26 4195 S. TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 VENICE, FL

City & State

28 VENICE, FL

Zip

24 34298

Country

25 SARASOTA

Zip

29 34293

Country

30 SARASOTA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KINGSBURY, IAN JAMES
522 CEDARWOOD LANE
VENICE FL 34293

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 of Registered Agent (if registered agent and this is applicable)

Signature of Registered Agent (signature required after verification)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	KINGSBURY, IAN
STREET ADDRESS	522 CEDARWOOD LANE
CITY, ST, ZIP	VENICE FL
TITLE	ST
NAME	KINGSBURY, PAULINE
STREET ADDRESS	522 CEDARWOOD LANE
CITY, ST, ZIP	VENICE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 treasurer 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:

[Signature] I.J. KINGSBURY
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/95

(S41) 4934599

CR2E034 (3/95)