FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S94989** **(8)**

1. Corporation Name
MICHAEL D. EICHOLTZ ENTERPRISES, INC.

Principal Place of Business	Mailing Address
12344 GLENHAVEN SPRING HILL FL 34609 US	12344 GLENHAVEN SPRING HILL FL 34609 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/18/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-3092190 ☐ 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 has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARTIN, MARIE
5331 COMMERCIAL WAY
STE 106
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name: Richard A. Eicholtz
82 Street Address (P.O. Box Number is Not Acceptable): 5422 ORTON AVE.
83:
84 City: SPRING HILL **FL** 85 Zip Code: 34608

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: Richard A Eicholtz Richard A Eicholtz — 4-21-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	1.1 TITLE		☐ Change ☐ Addition
NAME	EICHOLTZ, MICHAEL D	1.2 NAME		
STREET ADDRESS	12344 GLENHAVEN	1.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP		
TITLE	DS	2.1 TITLE	OS	☒ Change ☐ Addition
NAME	EICHOLTZ, BEVERLY J	2.2 NAME	EICHOLTZ Beverly J	
STREET ADDRESS	11540 NORVELL ST	2.3 STREET ADDRESS	5422 ORTON AVE	
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	D	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	HANSON WILLIAM E	3.2 NAME	EICHOLTZ RICHARD A.	
STREET ADDRESS	8090 GREENRIER CT	3.3. STREET ADDRESS	5422 ORTON AVE.	
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: Beverly J. Eicholtz Beverly J. Eicholtz Sec. — 4-21-95 — 904-683-2303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0054441 CP