FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(0)

E.C. TUCKER ENTERPRISES, INCORPORATED

Principal Place of Business

Mailing Address

FILED Feb 05 1998 8:00am Secretary of State



331 NORTH DOVER STREET 331 NORTH DOVER STREET ORLANDO FL 32811 ORLANDO FL 32811 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 03/30/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 5315 Lee 53/5 59-3119933 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing rlando Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 8 25 Orange 29 3280 9. Name and Address of Current Registered Agent 32808 ✓ Yes Personal Property Tax due June 30. □ No 10. Name and Address of New Registered Agent Name TUCKER, ELEMUEL CLYDE 331 NORTH DOVER STREET Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32811 83 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 (NOTE: Registered Agent signature required when reinstating) 12. 13. DELETE TITLE 11TITIF Tucker, Elemuel Clyde 5315 Lee Am Drive TUCKER, ELEMUEL CLYDE 1.2 NAME NAME **CR2E034** 920 HIGHLAND SPRGS DR. 1.3 STREET ADDRESS STREET ADDRESS OCOEE FL 1.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change ___ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 IIILE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE Change ___ Addition 6.1 TITLE TITLE NAME 6,2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 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.

Elemuel Clyde Tucker

SIGNATURE:

(402) 294 8087