

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

FILED

Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V 52785**
1. Corporation Name
C & D Eicher, Inc.

Principal Place of Business Mailing Address
**11844 Pegasus Dr.
Jacksonville, FL 32223**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 7.21.92	3a. Date of Last Report 6.14.96
21 Suite, Apt. #, etc.	26	22 Suite, Apt. #, etc.		4. FEI Number 59-3134302	Applied For Not Applicable
23 City & State	27	24 City & State		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
25 Zip	28	29 Zip		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
25 Country	30	29 Country		8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Eicher, Charles G.
11844 Pegasus Dr.
Jacksonville, FL 32223**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME		12 NAME	President (P)
STREET ADDRESS		13 STREET ADDRESS	Eicher, Charles G.
CITY-ST-ZIP		14 CITY-ST-ZIP	11844 Pegasus Dr. Jacksonville, FL 32223
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	Secretary Treasurer (ST)
STREET ADDRESS		23 STREET ADDRESS	Eicher, Doris H.
CITY-ST-ZIP		24 CITY-ST-ZIP	11844 Pegasus Dr. Jacksonville, FL 32223
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **Charles G. Eicher** President (P)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.17.97 **904/260-0757**

Date

Daytime Phone #

CR2E034 (9/96)