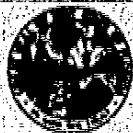


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H60308

(4)

1. Corporation Name

EAGLE CREEK COMMERCIAL COMPANY, INC.

Principal Place of Business

Mailing Address

ONE EAGLE CREEK DRIVE
NAPLES FL 33962

ONE EAGLE CREEK DRIVE
NAPLES FL 33962

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/05/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2728764

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

☐

Yea

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEISTER, ROBERT P., JR.
ONE EAGLE CREEK DRIVE
NAPLES FL 33962

81 Name David J. Amico

82 Street Address (P.O. Box Number is Not Acceptable)
One Eagle Creek Drive

83

84 City Naples,

FL

85 Zip Code
33962

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 date of appointment

(NOTE: Registered Agent signature required when resigning)

4/28/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LIPS, HERBERT
STREET ADDRESS ONE EAGLE CREEK DRIVE
CITY - ST - ZIP NAPLES FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VD
NAME MEISTER, ROBERT P., JR.
STREET ADDRESS ONE EAGLE CREEK DR.
CITY - ST - ZIP NAPLES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ Change ☐ Addition

Remove this officer & info

TITLE ST
NAME AMICO, DAVID J.
STREET ADDRESS ONE EAGLE CREEK DR.
CITY - ST - ZIP NAPLES FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☒ Change ☐ Addition

P/S/D

TITLE CPD
NAME SCHWAGER, HANS PETER
STREET ADDRESS ONE EAGLE CREEK DRIVE
CITY - ST - ZIP NAPLES FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☒ Change ☐ Addition

C/T/D

TITLE D
NAME STEINEMANN, HANSJORG
STREET ADDRESS ONE EAGLE CREEK DRIVE
CITY - ST - ZIP NAPLES FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID J. AMICO

4/28/95 (813) 775-7222
Date Date of Filing