

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L22279** (8)

1. Corporation Name

EAST CENTRAL FLORIDA SERVICES, INC.



Principal Place of Business

Mailing Address

C/O JOHN L. KING
1700 13TH ST STE 1
ST CLOUD FL 34769

C/O JOHN L. KING
1700 13TH ST STE 1
ST CLOUD FL 34769

3. Date Incorporated or Qualified 10/12/1989	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2996410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KING, JOHN L.
13754 DESERET LANE
ST CLOUD FL 34773**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: _____ (NOTE: Registered Agent signature required when translating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREER, JOHN W.	1.2 NAME	
STREET ADDRESS	139 E. SOUTH TEMPLE ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	SALT LAKE CITY UT	1.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, GEORGE S	2.2 NAME	JAMES B. PAYNE
STREET ADDRESS	13754 DESERET LANE	2.3 STREET ADDRESS	13754 DESERET LANE
CITY - ST - ZIP	ST CLOUD FL	2.4 CITY - ST - ZIP	ST. CLOUD, FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMOREAUX, ROBERT D	3.2 NAME	
STREET ADDRESS	50 E. NORTH TEMPLE ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	SALT LAKE CITY UT	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENHO, PAUL L.	4.2 NAME	
STREET ADDRESS	13754 DESERET LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. CLOUD FL	4.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JOHN L.	5.2 NAME	
STREET ADDRESS	1700 13TH ST STE 2	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST CLOUD FL	5.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, KENT L	6.2 NAME	
STREET ADDRESS	13754 DESERET LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	ST CLOUD FL	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)(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: Kent L. Cook Treasurer 4/24/96 (407) 892-3672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)