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Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L22279** (8)

1. Corporation Name
EAST CENTRAL FLORIDA SERVICES, INC.



Principal Place of Business
**C/O JOHN L. KING
1700 13TH ST STE 1
ST CLOUD FL 34769**

Mailing Address
**C/O JOHN L. KING
1700 13TH ST STE 1
ST CLOUD FL 34769-4300**

3. Date Incorporated or Qualified **10/12/1989** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 29 Zip Country

24 25 29 30

4. FEI Number **59-2996410** 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

10. Name and Address of New Registered Agent

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

81 Name **James B. Payne**
82 Street Address (P.O. Box Number is Not Acceptable) **13754 Deseret Lane**
83
84 City **St. Cloud** FL 85 Zip Code **34773**

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: *James B. Payne* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **CD**
STREET ADDRESS **CREER, JOHN W.
139 E. SOUTH TEMPLE ST.
SALT LAKE CITY UT**

1.1 TITLE Change Addition
1.2 NAME **Secretary**
1.3 STREET ADDRESS **Thomas G. Ruechert
139 E. South Temple St.
Salt Lake City, UT**

TITLE DELETE
NAME **V**
STREET ADDRESS **PAYNE, JAMES B.
13754 DESERT LANE
ST CLOUD FL**

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

TITLE DELETE
NAME **D**
STREET ADDRESS **LAMOREAUX, ROBERT D
50 E. NORTH TEMPLE ST.
SALT LAKE CITY UT**

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

TITLE DELETE
NAME **D**
STREET ADDRESS **GENHO, PAUL L.
13754 DESERET LANE
ST. CLOUD FL**

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

TITLE DELETE
NAME **P**
STREET ADDRESS **KING, JOHN L.
1700 13TH ST STE 2
ST CLOUD FL**

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

TITLE DELETE
NAME **T**
STREET ADDRESS **COOK, KENT L
13754 DESERET LANE
ST CLOUD FL**

6.1 TITLE Change Addition
6.2 NAME **Asst Secretary Treasurer**
6.3 STREET ADDRESS **Kent L. Cook
13754 Deseret Lane
St. Cloud, FL**
6.4 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: *James B. Payne* DATE: **2/13/97** (407) 892-3672

CR2E034 (9/96)