

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000072595 (9)**

1. Corporation Name

**EAGLE CREEK ASSOCIATES, INC.**



Principal Place of Business

Mailing Address

780 N. PONCE DE LEON BLVD.  
ST. AUGUSTINE FL 32084

780 N. PONCE DE LEON BLVD.  
ST. AUGUSTINE FL 32084

3. Date Incorporated or Qualified

09/29/1994

3a. Date of Last Report

03/30/1995

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

**BAILEY, JOHN D JR**  
**780 N. PONCE DE LEON BLVD.**  
**ST. AUGUSTINE FL 32084**

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 in printed characters to be placed on this page.

Printed Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DARABI, FRANK A	
STREET ADDRESS	730 N. WALDO AVE.	
CITY-STATE-ZIP	GAINESVILLE FL 32601	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANDERSON, GEORGE D	
STREET ADDRESS	2500 N. ATLANTIC AVE.	
CITY-STATE-ZIP	DAYTONA BEACH FL 32018	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CORNELIUS, DAVID	
STREET ADDRESS	1 TROPICAL LANE	
CITY-STATE-ZIP	DAYTONA BEACH FL 32118	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: *George D Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

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CR2E034 (12/95)