

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

FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **458196** (3)

1. Corporation Name  
**EASTON - BABCOCK & ASSOCIATES, INC.**

Principal Place of Business

**300 GRECO AVE  
CORAL GABLES FL 33146**

Mailing Address

**300 GRECO AVE  
CORAL GABLES FL 33146-1811**



3. Date Incorporated or Qualified  
**10/02/1974**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

**21**  
Suite, Apt. # etc.

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

4. FEI Number

**59-1553325**

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

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BABCOCK, CALVIN H  
300 GRECO AVE.  
CORAL GABLES FLORIDA FL 33146**

10. Name and Address of New Registered Agent

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 607.1508, 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 signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **BABCOCK, CALVIN H.**  
STREET ADDRESS **300 GRECO AVENUE**  
CITY - ST - ZIP **CORAL GABLES FL**

TITLE **PD** ☐ DELETE  
NAME **EASTON, EDWARD W**  
STREET ADDRESS **750 HARBOR DRIVE**  
CITY - ST - ZIP **KEY BISCAYNE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP, S.D** ☒ Change ☐ Addition  
1.2 NAME **Calvin H. Babcock**  
1.3 STREET ADDRESS **300 Greco Avenue**  
1.4 CITY - ST - ZIP **Coral Gables, FL 33146**

2.1 TITLE **Chairman, Director** ☒ Change ☐ Addition  
2.2 NAME **Edward W. Easton**  
2.3 STREET ADDRESS **300 Greco Avenue**  
2.4 CITY - ST - ZIP **Coral Gables, FL 33146**

3.1 TITLE **President** ☐ Change ☒ Addition  
3.2 NAME **Robert MacCalla**  
3.3 STREET ADDRESS **300 Greco Avenue**  
3.4 CITY - ST - ZIP **Coral Gables, FL 33146**

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

**4/28/97 (305) 448-9999**  
Date Daytime Phone #

CR2E034 (9/96)