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Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 595928 (3)
1. Corporation Name
GEORGE EATON REAL ESTATE AND CONSTRUCTION, INC.

Principal Place of Business 10756 HARBORSIDE DR LARGO FL 33773 US	Mailing Address 10756 HARBORSIDE DR LARGO FL 44648-33773 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/01/1978	
21 Suite, Apt. #, etc.	22 City & State	26 10756 HARBORSIDE DR	27 Suite, Apt. #, etc.	28 LARGO, FL	29 33773
23 Zip	24 Country	25	26	27	28
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.	22 City & State	26 10756 HARBORSIDE DR	27 Suite, Apt. #, etc.	28 LARGO, FL	29 33773
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23 Zip	24 Country	25	26	27	28

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
EATON, GEORGE 10756 HARBORSIDE DR LARGO FL 33773		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 10756 HARBORSIDE DR. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	EATON, GEORGE	1.2 NAME	
STREET ADDRESS	10756 HARBORSIDE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	
NAME	EATON, BARBARA	2.2 NAME	
STREET ADDRESS	10756 HARBORSIDE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-98

Date

813-393-5014

Daytime Phone # 0410775

CR2E034 (10/97)