FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:44

DOCUMENT # 609628 (3)

1. Corporation Name
E. A. P. CORPORATION

Principal Place of Business	Mailing Address
1700 THIRD ST (34236) P O BOX 4274 SARASOTA FL 34230	1700 THIRD ST (34236) P O BOX 4274 SARASOTA FL 34230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1979
3a. Date of Last Report: 06/30/1994

2. Principal Place of Business
21 1528 Tuttle Avenue South
Suite, Apt. #, etc. 22
City & State: 23 Sarasota FL
Zip: 24 34239 Country: 25 U S A

2a. Mailing Address
26 P O Box 4274
Suite, Apt. #, etc. 27
City & State: 28 Sarasota FL
Zip: 29 34230 Country: 30 U S A

4. FEI Number: 59-1932895 ☐ 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

DRYMON, JAMES J.
NCNB NATIONAL BANK BLDG
1605 MAIN ST STE 705
SARASOTA FL 34236

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 (Appointed Agent's Signature) (If all Registered Agent signature required above) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PRATT, EWART A	12 NAME	
STREET ADDRESS	C/O STEERS LTD	13 STREET ADDRESS	
CITY ST ZIP	ST JOHN NEW FUNDLND A1	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	PRATT, YVONNE	22 NAME	
STREET ADDRESS	C/O STEERS LTD	23 STREET ADDRESS	
CITY ST ZIP	ST JOHN NEW FUNDLND A1	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	PARSONS, G SHERIDAN	32 NAME	
STREET ADDRESS	C/O STEERS LTD	33 STREET ADDRESS	
CITY ST ZIP	ST JOHN NEW FUNDLND A1	34 CITY ST ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	JACKSON, JAMES R.	42 NAME	
STREET ADDRESS	1700 THIRD ST.	43 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 added above.

SIGNATURE: JAMES R. JACKSON
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

01-09-95 (813) 365-4480
Date Daytime Phone #

0340113 CP