FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **609628** **(3)**

1. Corporation Name

E. A. P. CORPORATION

Principal Place of Business
1528 TUTTLE AVENUE SOUTH
SARASOTA FL 34239
US

Mailing Address
PO BOX 4274
SARASOTA FL 34230
US

3. Date Incorporated or Qualified: **02/06/1979**
3a. Date of Last Report: **01/17/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. F.E.I. 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
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required wherever filing — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PRATT, EWART A	
STREET ADDRESS	C/O STEERS LTD	
CITY-ST-ZIP	ST JOHN NEW FUNDLND A1	
TITLE	VD	☐ DELETE
NAME	PRATT, YVONNE	
STREET ADDRESS	C/O STEERS LTD	
CITY-ST-ZIP	ST JOHN NEW FUNDLND A1	
TITLE	TD	☐ DELETE
NAME	PARSONS, G SHERIDAN	
STREET ADDRESS	C/O STEERS LTD	
CITY-ST-ZIP	ST JOHN NEW FUNDLND A1	
TITLE	S	☐ DELETE
NAME	JACKSON, JAMES R.	
STREET ADDRESS	1700 THIRD ST.	
CITY-ST-ZIP	SARASOTA FL	
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	1528 TUTTLE AVE SOUTH	
4.4 CITY-ST-ZIP	SARASOTA FL 34239	
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 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: James R. Jackson — 02-03-96 — (941) 365-4480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #
JAMES R. JACKSON

CR2E034 (12/95)