

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

FILED

Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 653119 (8)

1. Corporation Name
THE EASTON CORPORATION

Principal Place of Business

311 PARK PLACE BLVD.
SUITE 225
CLEARWATER FL 34619

Mailing Address

311 PARK PLACE BLVD.
SUITE 225
CLEARWATER FL 34619-3923



3. Date Incorporated or Qualified
01/23/1980

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

4. FEI Number

59-1954733

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

LOMBARDI, RITA A
311 PARK PLACE BLVD
SUITE 225
CLEARWATER FL 34619

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PIAZZA, ROSEMARY E
STREET ADDRESS 311 PARK PLACE BLVD #225
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE S
NAME LOMBARDI, RITA A
STREET ADDRESS 311 PARK PLACE BLVD #225
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE VPD
NAME PIAZZA, JR. J
STREET ADDRESS 311 PARK PLACE BLVD SUITE 225
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE VPD
NAME PIAZZA, STEPHEN A.
STREET ADDRESS 311 PARK PLACE BLVD SUITE 225
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

5.1 TITLE President
5.2 NAME Piazza, John J. Sr.
5.3 STREET ADDRESS 311 Park Place Blvd., Ste. 225
5.4 CITY-ST-ZIP Clearwater, FL 34619

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: *Rita A Lombardi* Rita A Lombardi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97 (813) 726-3310

Date

Daytime Phone #

CR2E034 (9/96)