

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

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90041 017 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 671343**

1. Corporation Name  
**EASON'S GROVE, INC.**

Principal Place of Business

28550 SW 182 AVE  
HOMESTEAD FL 33030  
US

Mailing Address

28550 SW 182 AVE  
HOMESTEAD FL 33030  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1980

4. FEI Number

59-2007902

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

10. Name and Address of New Registered Agent

EASON, WENDELL H.  
1715 N.W. 8TH ST.  
HOMESTEAD FL 33030

81 **EASON, WAYNE H.**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **1715 NW 8 ST**

84 City  
**HOMESTEAD**

FL

85 Zip Code  
**33030**

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 **Wayne H Eason**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-26-99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE  
NAME **EASON, WENDELL H.**  
STREET ADDRESS **1715 N.W. 8 ST.**  
CITY-ST-ZIP **HOMESTEAD FL**

TITLE **DS** ☐ DELETE  
NAME **NICHOLAS, ELOISE EASON**  
STREET ADDRESS **28550 S.W. 182 AVE.**  
CITY-ST-ZIP **HOMESTEAD FL**

TITLE **VP** ☐ DELETE  
NAME **WAYNE H EASON**  
STREET ADDRESS **28550 SW 182 AVE**  
CITY-ST-ZIP **HOMESTEAD 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition  
1.2 NAME **EASON, WAYNE H**  
1.3 STREET ADDRESS **1715 NW 8 ST**  
1.4 CITY-ST-ZIP **HOMESTEAD FL 33030-3806**

2.1 TITLE **VP** ☒ Change ☐ Addition  
2.2 NAME **EASON, WENDELL H**  
2.3 STREET ADDRESS **16790 SW 297 TERR**  
2.4 CITY-ST-ZIP **HOMESTEAD FL 33030-3427**

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  
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 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, with all other like empowered.

SIGNATURE: **Wayne H Eason** **4-26-99 (305) 247 3278**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)