

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 # F47355 (5)

1. Corporation Name

ERIC EASTON INTERNATIONAL, INC.



Principal Place of Business

160 TAMiami TRAIL SOUTH
NAPLES FL 33940

Mailing Address

160 TAMiami TRAIL S
NAPLES FL 33940
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

9. Name and Address of Current Registered Agent

EASTON, ERIC
160 TAMiami TRAIL S
NAPLES FL 33940

3. Date Incorporated or Qualified
10/05/1981

3a. Date of Last Report
05/01/1995

4. FEI Number

59-2145321

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

J. PAUL EASTON

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

160 9TH ST. SOUTH

83.

P.O. Box 708 (33939-0708)

84. City

FL

85. Zip Code

33940

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title (if applicable)

PAUL EASTON, V.P.

(NOTE: Registered Agent signature required when reinstating)

3/07/96

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

PD

NAME

EASTON, ERIC

STREET ADDRESS

1900 GULF SHORE BLD N 401

CITY-STATE-ZIP

NAPLES, FL 00000

1.2 TITLE

D

NAME

EASTON, IVY MARY

STREET ADDRESS

1900 GULF SHORE BLD N 401

CITY-STATE-ZIP

NAPLES, FL 00000

1.3 TITLE

D

NAME

EASTON, JOHN PAUL

STREET ADDRESS

53 HIGH POINT CR W 104

CITY-STATE-ZIP

NAPLES, FL 00000

1.4 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.5 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.6 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL EASTON

3/07/96

Date

(941) 262-5291

Daytime Phone #

CR2E034 (12/95)