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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90148 047 \*\*\*158.75

## DOCUMENT # G14425 1. Corporation Name

ESHENBAUGH DEVELOPMENT CORP.

Principal Plac	e of Business	Mailing Address			
2575 ULMERTO	N RD	2575 ULMERTON			
SUITE 210 SUITE 210 CLEARWATER FL 34622 CLEARWATER FL 34622 US US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed	
00		00		12/15/1982	
2 Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
170		126 1208 S. My	He Hve	59-2261824	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>		\$8.75 Additional
27				5. Certificate of Status Desired	Fee Required
City & Stat		City & State  28 C/Parma +4/	- F7	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	LI WATER Country	7110-1	Country	This corporation owes the current year life	
24 33756 25 29 \$4 33756 30				Personal Property Tax.	☐ Yes ☑ No
24	9. Name and Address of Curren		L	10. Name and Address of New Registered	d Agent
			81 Name		
ESH	Enbaugh, William			(D.O. Day March and March Assertable)	
2575	5 ULMERTON RD		82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 210			83 /20 8 5 / / / / / / / / / / / / / / / / / /		
CLE	arwater fl 34622				Os Tire Code
			84 CIV / P	arwater F	85 Zio Code 7337 ( C
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, t	he above-named corr	poration submits this statement for the purpose of	of changing its registered
office or r	registered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was autho	prized by the corporati	ion's board of directors. I hereby accept the appli	ointment as registered
-	im laminar with, and accept the obliga-	Tollida	Oterates.		
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable (NOTE Req	istered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PST	☐ DELETE	i 1 TITLE		Change Addition
NAME	ESHENBAUGH, WILLIAM A	i i	1.2 NAME	- a . 11 Fig.	
STREET ADDRESS	2575 ULMERTON RD SUITE 21	0	13 STREET ADDRESS	1208 S. My 100	İ
CITY-ST-ZIP	CLEARWATER FL		: 4 CITY- ST- ZIP	1208 S. Myrtle Ave Jeanwater Fl 33756	
TITLE		□ DELETE	21 TITLE		Change Addition
NAME		į	2 2 NAME		
STREET ADDRESS	i	1	2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DFI E*E	3 TITLE		Change Addition
NAME		#	3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	1	☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME		#	4 2 NAME		
STREE! ADDRESS	{		43 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY- ST- ZIP		
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME	]	]	5 2 NAME		
STREET ADDRESS		ı	5 3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY - ST - ZIP		
TITLE		☐ DELET€	61 TITLE		☐ Change ☐ Addition
NAME		ı	62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-\$T-ZIP		i	64 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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR