

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0075955

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

**FILED**

98 OCT 14 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **L69468**

(1)

1. Corporation Name  
**DAVID G. EATON, P.A.**

Principal Place of Business  
**1645 PALM BEACH LAKES BLVD.  
STE. 1080  
WEST PALM BEACH FL 33401  
US**

Mailing Address  
**1645 PALM BEACH LAKES BLVD.  
STE. 1080  
WEST PALM BEACH FL 33401  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/01/1990**

4. FEI Number

**65-0196784**

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 or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **304 Plant Avenue**

Suite, Apt. #, etc.

22

City & State

23 **Tampa, FL**

Zip

24 **33606**

Country

25 **USA**

2a. Mailing Address

26 **304 Plant Avenue**

Suite, Apt. #, etc.

27

City & State

28 **Tampa, FL**

Zip

29 **33606**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**EATON, DAVID G  
1645 PALM BEACH LAKES BLVD  
STE 550  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

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

**304 Plant Ave**

83

84 City **Tampa**

**FL**

85 Zip Code

**33606**

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 **David G. Eaton, Registered Agent** 10-3-98

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** ☐ DELETE  
NAME **EATON, DAVID G**  
STREET ADDRESS **1645 PALM BEACH LAKES BLVD., STE. 1080**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 **304 Plant Avenue**  
1.4 CITY-ST-ZIP **Tampa, FL 33606**

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  
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 **B 98AR 10/16**  
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.

SIGNATURE: **David G. Eaton** 10-3-98 813 254 9600

CR2E034 (5/98)