## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P93000027417 (3)

1. Corporation Name EOT ENTERPRISES, INC.

**FILED** May 01 1996 8:00 am Secretary of State

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Principal Place of Business Mailing Address										
915 W. NE Deland Fi US	W YORK AVE. L 32720	915 W. NEW YORK AVE. DELAND FL 32720 US								
					3. Date Incorporated or Qualified 3a. Date of Last Report 04/13/1993 04/28/1995					
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			Applied For		
21		26				59-3174064			Not Applicable	
Suite, Apt. #	4, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee	5 Additional e Required	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		Ado	00 May Be led to Fees	
Zip	Country	Ziρ		ıntry		8. This corporation has liability for it		k under	s 199.032,	
24	25   29   30   9. Name and Address of Current Registered Agent					Fkorida Statutes Yes No  10. Name and Address of New Registered Agent				
	g. Name and Address of Curren	it Registered Agent		81	Name	10. Name and Address of New h	egistereu i	- Gair		
TCDUI	INE IOUN I									
TERHUNE, JOHN J 1600 W NEW YORK AVE				82	Street Addre	ss (P.O. Box Number is Not Acceptable	<b>e</b> )			
	ID FL 32720			83						
				84	City			85	Zip Code	
				1	•		FL			
or registere	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Sect	da. Such change was authorized	s, the abo d by the o	corpo	named corpora oration's board	tion submits this statement for the pur i of directors. I hereby accept the appo	pose of cha pintment as	nging its register	s registered onice ed agent. I am	
SIGNATURE										
12.	Signature, typed or printed name of registered agent		Hagistered	Agen	Lariuper erutangia	ADDITIONS/CHANGES TO OFF	CEBS AND	DIRECT	TORS IN 12	
1111.6	OFFICERS AND DIRECTORS  PD DELETE		111	ITLF		, and the state of		Change	····	
NAME	TERHUNE, JOHN J	Beyond	1.2 N					- "	_	
STREET ADDRESS	1600 W NEW YORK AVE				ADDRESS					
CHY-ST-ZiP	DELAND FL		1.4 C	ITY-S	T-21P					
TITLE	VPD			2 1 TITLE				Chang	e 🔲 Addition	
NAME	TERHUNE, PATRICIA R		2.2 N	2.2 NAME						
STREET ADDRESS	1600 W NEW YORK AVE		2.3 S	TREET	ADDRESS					
CHTY - ST - ZIP	DELAND FL		240	(TY - S	T - <b>Z</b> IP					
TITLE		☐ DELETE	3.11	IITLE				] Chang	e 🗌 Addition	
NAME			3.2 N	IAME						
STREET ADDRESS					I ADDRESS					
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NAME			4.2 N							
STREET ADDRESS					ADDRESS					
C(1Y - S1 - Z(P		DELETE		HY-S	1 - 2119			7 Chan	e Addition	
TITLE				I)TLE IAME			ι	- C. 10/13		
NAME PROFEST APPROVING					ADDRESS					
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CHY-ST-ZIP THILE		☐ DELETE		JIIY-S TITL€	11-71			Chan	e Modition	
				IAME						
NAMÉ PARET ADDOCCO					ADDRESS					
STREET ADDRESS				HTY-S	i					
CITY-SI-ZIP	1		046		,, 411					

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: \_

4/25/96 904/943-9700