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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000027417 (3) DOCUMENT #

Country

9. Name and Address of Current Registered Agent

25

TERHUNE, JOHN J 1600 W NEW YORK AVE

DELAND FL 32720

EOT ENTERPRISES. INC.

Sulte, Apt. #, etc.

City & State

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Zip

Mailing Address Principal Place of Business 915 W. NEW YORK AVE. 815 W. NEW YORK AVE. DELAND FL 32720 DELAND FL 32720 2. Principal Place of Business 2a. Mailing Address 21 26

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Suite, Apt. #, etc.

City & State

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FILED Apr 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/13/1993 Applied For 59-3174064 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. ☐ No 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

85

Zip Code

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.

Country

В1

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В3 84 City

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SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 13. DELETE TITLE 1.1 TITLE Change TERHUNE, JOHN J NAME 1.2 NAME 1600 W NEW YORK AVE STREET ADDRESS 1.3 STREET ADDRESS **DELAND FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP VPD DELETE Change Addition 21 TITLE TITLE TERHUNE, PATRICIA R NAME 22 NAME 1600 W NEW YORK AVE STREET ADDRESS 2.3 STREET ADDRESS **DELAND FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change ___ Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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.

V/20/00 anchora azan