1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000027417

1. Corporation Name

EOT ENTERPRISES, INC.

Principal Place of Business	Mailing Address
ns W. New York Ave.	915 W. NEW YORK AVE.
Deland FL 32720	DELAND FL 32720
Us	US

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90283 018 ***150.00



Driveia al Bloce	n of Business	Mailing Address					MDSEM FEMALE COMES MEMBER	(18) (88) (88)
Principal Place		915 W. NEW YORK AVE.						
915 W. NEW YO DELAND FL 327		DELAND FL 32720						
US	720	US				DO NOT WRITE IN	THIS SPACE	
00						3. Date Incorporated or Qualifed		}
						04/13/1993		
2. Principal Pi	lace of Business	2a. Mailing Address	_			4. FEI Number	. Ap	plied For
21	· · · -	26				59-3174064		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	
22		27				5. Certicate of Guida Besilio	Fee Re	quired
City & State	e	City & State				6. Election Campaign Financing	\$5.00	- 1
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current ye		a
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Regist	ered Agent	
			l	81	Name			Į
	HUNE, JOHN J		<u> </u>	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	W NEW YORK AVE		L					
DELA	AND FL 32720			83				
			1	84	City		85 Zip 0	Code
ļ			1		-		FL. `	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the ab	ove-	named corpo	oration submits this statement for the purpo	se of changing its	registered
office or r	registered agent, or both, in the State Im familiar with, and accept the oblig	a of Florida, Such change was	autnonzea	DV II	ne corporatio	on's board of directors. I hereby accept the	appointment as re	gistorea
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Ì	,							
. SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered		signature required	d when reinstating) DA		
. SIGNATURE		ent and title if applicable. (NOT	E: Registered		signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	
				Agent s	signature required			DRS IN 12
12.	OFFICERS A	ND DIRECTORS	13.	Agent s	signature required		RS AND DIRECTO	
12. TITLE	PD TERHUNE, JOHN J	ND DIRECTORS	13. 1.1 TITI 1.2 NAI	Agent s	signature required		RS AND DIRECTO	
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14. 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, with all other like empowered.

SIGNATURE: