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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000078031 (0)

1. Corporation Name

EAO, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 4:31

Principal Place of Business

11499 VONN ROAD
LARGO FL 34644

Mailing Address

11499 VONN ROAD
LARGO FL 34644

DO NOT WRITE IN THIS SPACE

3. Date incorporated for Good and

11/10/1993

3a. Date of Last Report

01/31/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FID Number

59-3209621

Applied For
Not Applicable

State, Apt. #, etc.

22

State, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for enterprise tax under S. 199.032,
Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CAREY, JOANN S
11499 VONN ROAD
LARGO FL 34644

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(3), 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 607.05(5), Florida Statutes.

SIGNATURE

(If officer or director, print name of person signing and title.)

(If not officer or director, print name of person signing and title.)

86

12. OFFICERS AND DIRECTORS

101

POSTD

NAME

CAREY, JOANN S

STREET ADDRESS

11499 VONN ROAD

CITY, ST, ZIP

LARGO FL 34644

102

NAME

STREET ADDRESS

CITY, ST, ZIP

103

NAME

STREET ADDRESS

CITY, ST, ZIP

104

NAME

STREET ADDRESS

CITY, ST, ZIP

105

NAME

STREET ADDRESS

CITY, ST, ZIP

106

NAME

STREET ADDRESS

CITY, ST, ZIP

107

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 NAME

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 NAME

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 NAME

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 NAME

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 NAME

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

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 419.07(1)(b), Florida Statutes. Further, I do hereby 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:

JoAnn S. Carey JoAnn S. Carey
Signature and Typed or Printed Name of Registered Officer or Director

1/31/95 (S13) 596 19022
Date Original Filing #