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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90072 034 ***150.00

DOCUMENT # P94000055901

1. Corporation Name

EACON INDUSTRIES INC

Principal Place of Busi	iness	Mailing Address				
7853 S LEEWYNN COUR SARASOTA FL 34240	RT	7853 S LEEWYNN COURT SARASOTA FL 34240				
		2a. Mailing Address				
2. Principal Place of E	Business	}, "				
ſ	Business	} 				
··[Business	Suite, Apt. #, etc.				

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O NOT WRITE IN THIS SPACE

					DO NOT WARE IN T	ING OF MOL	·	
						3. Date Incorporated or Qualifed 07/27/1994		
Principal Place of Business		2a. Mailing Add	ress			4. FEI Number		Applied For
		26				65-0514071		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City.& State				-6Election Campaign Financing	\$5	.00_May.Be
		28						ded to Fees
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the current year	r Intangible	
	25	29	30		_	Personal Property Tax.	☐ Yes	□ No
9. Name		rent Registered Agent				10. Name and Address of New Registe	red Agent	
				81	Name			
EASEY, NORMAN C 7853 S LEEWYNN COURT			82	82 Street Address (P.O. Box Number is Not Acceptable)				
				62	Street Addre			
SARASOTA FL 34240				83				
				84	City		FL _	Zip Code
Pursuant to the provi	sions of Sections 607.0	0502 and 607.1508, Flor	ida Statutes, the a	bove	-named corpo	ration submits this statement for the purpos	e of changir	ng 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

agent. I al	in lamiliar with, and accept the obligations of	, 000001100110000110000	- 01012100.			
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Re	egistered Agent signature require	ed when reinstating)	DATE	
12.	OFFICERS AND DIRI	13.		NS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	EASEY, NORMAN C		1.2 NAME			ļ
STREET ADDRESS	7853 S LEEWYNN COURT		1.3 STREET ADDRESS			1
CITY-ST-ZIP	SARASOTA FL 34240		1.4 CITY-ST-ZIP			
TITLE	S/VP	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	CONROY, JOHN A III		2.2 NAME			
STREET ADDRESS	1913-SE 12TH ST.		2.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33990		2. 4 CITY-ST-ZIP	·		
MILE -		DELETE	31 TTTLE		Change	Addition Addition
NAME			3.2 NAME			
STREET ADDRESS	स्वर्धि हिल		3.3 STREET ADDRESS			
CITY-ST-ZIP	se duglang		3.4. CITY-ST-ZIP			
me		☐ DELETE	4.1 TITLE		Change	Addition Addition
NAME	* **		4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	•	☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME		,	
STREET ADDRESS			5.3 STREET ADDRESS	•		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	•	Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CTTY-ST-ZIP			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 13 if, changed, or on an attackment with an address, with all other like empowered.

SIGNATURE: