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PROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000094087 (1)

EATON MARKETING ASSOCIATES, INC.

## **FILED** Mar 12 1998 8:00am Secretary of State



| L  |  |  | <del></del>               |   |   | - 1 <b>  1   1   1   1   1   1   1   1   1 </b> |                         |                          |                             |                             |    |
|--|--|--|---------------------------|---|---|---|-------------------------|--------------------------|-----------------------------|-----------------------------|----|
| Principal Place                                  |  |  | ŀ                         | * ************************************* | *************************************** | **** ***** ****                                 |                         | )                        |                             |                             |    |
| 4902-D CREEK                                     |  | 4902-D CREEKSIDE DRIVE   |                           |   |   |   |                         |                          |                             |                             |    |
| CLEARWATER                                       | FL 34620   | CLEARWATER FL 34620  |                           |   |   | DO NOT WRITE IN THIS SPACE                      |                         |                          |                             |                             |    |
|  |  |  |                           |   | 3.                                      | Date Incorporated or                            |                         |                          |                             |                             | 1  |
|  |  |  |                           |   |   | 01/01/1995                                      |                         |                          |                             |                             | l  |
|  | ace of Business  | 2a. Mailing Address  |                           |   |   | FEI Number                                      |                         |                          | A                           | oplied For                  | 1  |
| 21 14038   | 63rd Way N.  | 16 14038 63rd way N.   |                           |   | ·                                       | 59-3288966                                      |                         |                          |                             | ot Applicable               |    |
| Suite, Apt a                                     | W. etc   | Suite, Apt. #, etc.  |                           | _                                       | 5                                       | Certificate of Status I                         | Desired                 |                          |                             | Additional                  | ļ  |
| 22<br>City & State                               |  | City & State   | ·                         |   |   |   |                         |                          |                             | equired                     | ł  |
|  | water, FL  | her Air  | I                         | -L                                      |   | Election Campaign F<br>Trust Fund Contributi    | -                       | П                        |                             | May Be<br>to Fees           | l  |
| Zip  | Country  | 7p Clearwater  | Country                   |   |   | This corporation owe                            |                         |                          |                             |                             | 1  |
| 24 3376  | 1  | 29 33760 30  | n '                       |   |   | rnis corporation owe<br>Personal Property Ta    | -                       | -                        | ` _                         | tangible<br>∐ No            |    |
| 79.0   | 1-1-   |  |                           | Name and Address                        |   |   |                         |                          | 1                           |                             |    |
| GIR  | BONS, TUCKER, MILLER, WHATL  | EY & STEIN   | 81                        | Name                                    |   |   |                         |                          |                             |                             | 1  |
|  | 82   | Street /   | Address (P                | O. Box Number is No                     | nt Accente                              | ble)  |                         |                          | ł                           |                             |    |
| 101 E. KENNEDY BLVD. STE. 1000<br>TAMPA FL 33602 |  |  |                           | Gueer F                                 | , iduliess (F.                          | C. DOX HUITIDGE IS INC                          |                         | 5.07                     |                             |                             |    |
| *****  |  |  | 83                        |   |   |   |                         |                          |                             |                             | 1  |
|  |  |  | 84                        | City                                    |   |   |                         |                          | <b>85</b> Zip               | Code                        | 1  |
|  |  |  |                           |   | <del></del>                             | ····  |                         | FL                       |                             |                             | 1  |
| 11. Pursuant to office or re                     | o the provisions of Sections 607.0502 a<br>ogistered agent, or both, in the State of<br>n familiar with, and accept the obligation | and 607.1508, Florida Statutes,<br>f Florida, Such change was auth | the above<br>orized by    | e-named a<br>the corp                   | l corporation<br>poration's bo          | submits this stateme<br>pard of directors. I he | ent for the pereby acce | purpose of<br>pt the app | r changing i<br>ointment as | ts registered<br>registered |    |
| 1  | n familiar with, and accept the obligation   | ons of, Section 607.0505, Florid                                   | a Statutes                | S                                       |   |   | •                       | . ,                      |                             |                             |    |
| SIGNATURE  | Signature: typed or printed name of regulated agents   | za d tille it application (NOTE Re                                 | egistered Ago             | nt signature                            | e required when r                       | einstating)                                     |                         | DATE                     |                             |                             | ١, |
| 12.  | OFFICERS AND   | DIRLCTORS  | 13.                       |   |   | DDITIONS/CHANGE                                 | S TO OFFI               | CERS AND                 |                             |                             |    |
| TITLE  | D  | DELETE   | 1.1 TITLE                 | Ţ                                       | Į                                       |   |                         | <u></u>                  | ∠ Change                    | Addition Addition           |    |
| NAME   | EATON, ROBERT K  |  | 1.2 NAME                  | ļ                                       |   |   |                         |                          |                             |                             | 18 |
| STREET ADDRESS                                   | 4902-D CREEKSIDE DRIVE   | 1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP                              |                           | 14038                                   | 63rd Wa                                 |   |                         |                          |                             | ľ                           |    |
| CITY-SI-ZIP                                      | CLEARWATER FL 34620  |  |                           | Clear                                   | vator, FL                               | 3   | 3760                    |                          |                             | į                           |    |
| TITLE  | D DELETE   |  | 2 1 711LE                 | ļ                                       | -                                       |   |                         |                          | ☐ Change                    | Addition                    | ١  |
| NAME   | EATON, PHILIP W  |  | 22 NAME                   | 2 3 STREFT ADDRESS                      |   |   |                         |                          |                             |                             |    |
| STREET ADDRESS                                   | 1140 ROBINSON ROAD NORTH   | 1  |                           |   |   |   |                         |                          |                             |                             |    |
| CITY-ST-ZIP                                      | ST. PETERSBURG FL 33710  | DELFTE   | 2 4 CHTY - 5<br>3.1 TITLE | ST-ZIP                                  |   |   |                         |                          | Change                      | Addition                    | 1  |
| TITLE  |  | L'i prittr   | 3.1 THE<br>3.2 NAME       |   |   |   |                         |                          | □ cusuβe                    | L. ADOMION                  | l  |
| NAME<br>STREET ADDRESS                           |  |  | 3.3 STREET                | ADDRESS                                 |   |   |                         |                          |                             |                             | 1  |
| CITY-ST-ZIP                                      |  |  | 3.3 STREET                |   |   |   |                         |                          |                             |                             |    |
| TITLE  |  | DELFTE   | 4.1 TITLE                 | 11-EIC                                  |   |   |                         |                          | Change                      | Addition                    | 1  |
| NAME   |  | <u> </u>   | 4. 2 NAME                 | ł                                       |   |   |                         |                          |                             |                             |    |
| STREET ADDRESS                                   |  |  | 4.3 STREET                | ADDRESS                                 | 1                                       |   |                         |                          |                             |                             |    |
| CITY-ST-ZIP                                      |  |  | 4.4 CITY-S                |   | {                                       |   |                         |                          |                             |                             | ĺ  |
| TITLE  |  | DELFTE   | 5 1 TITLE                 | ·                                       |   |   |                         |                          | Change                      | Addition                    | 1  |
| NAME   |  |  | 52 NAME                   | ļ                                       |   |   |                         |                          | •                           |                             |    |
| STREET ADDRESS                                   |  |  | 53 STREET                 | ADDRESS                                 | !                                       |   |                         |                          |                             |                             |    |
| CITY-\$1-2IP                                     |  |  | 5.4 CITY-S                | 1                                       | 1                                       |   |                         |                          |                             |                             | 1  |
| TITLE  |  | ☐ DELLTE   | 6 1 TITLE                 |   |   |   |                         |                          | Change                      | Addition                    | 1  |
| NAME   |  |  | 6.2 NAME                  | ľ                                       | 1                                       |   |                         |                          |                             |                             | l  |
| STREET ADDRESS                                   |  |  | 6.3 STREET                | ADDRESS                                 |   |   |                         |                          |                             |                             |    |
| CITY-ST-ZIP                                      |  |  | 64 CITY-S                 |   |   |   |                         |                          |                             |                             |    |
| 14. Thereby co                                   | ertify that the information supplied with  | this filing does not quality for th                                | ne exemp                  | tion state                              | ed in Section                           | 119.07(3)(i), Florida                           | Statutes I              | further co               | rtify that the              | information                 | 1  |

ing divisition quality for the exemption stated in section 119.07(3)(i), Florida statutes i lutrifier certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an expect is not statuted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or sa