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

29

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000027421 (3)

THE EASON CORPORATION

Principal Place of Business Mailing Address 5403 BRANDIES AVE 5403 BRANDIES AVE **CALLAHAN FL 32011** CALLAHAN FL 32011 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/03/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3306647 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 X Yes

30

9. Name and Address of Current Registered Agent EASON, DAVID 1117 BRANDIES AVENUE CALLAHAN FL 32011

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82	5403 Brandles	A	re
83			
84	City Callahan FL	85	Zip Code

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

FILED

Apr 21 1998 8:00am

Secretary of State

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 by bottle, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

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Name

agent. I ain familiar with, and accept the obligations of, Section out, 350, Florida statutes.									
SIGNATURE Signative typod or profiled name of tage-stered agent and talle if applicable INOTE Registered Agent signature required when reinstating) DATE DATE									
12.	OFFICERS AND DIE	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	RS IN 12					
TITLE	P	DELETE	13. 1.1 TITLE		Change	Addition			
NAME	EASON, DAVID		1.2 NAME	_ <					
STREET ADDRESS	1117 BRANDIES AVENUE		1.3 STREET ADORESS	5,403 Brand	les the				
CITY-ST-ZIP	CALLAHAN FL		1.4 CITY - ST - ZIP	Callaba F	32011				
TITLE	ST	☐ DELETE	2 1 TITLE	- CIPCIPOS I	Change	Addition			
NAME	EASON, FAYE		2.2 NAME	. —	Λ λ				
STREET ADDRESS	1117 BRANDIES AVENUE		2.3 STREET ADDRESS	6403 Brand	lies me				
CITY-ST-ZIP	CALLAHAN FL		2.4 CITY-ST-ZIP	(allahan 1	FL 32011	•			
TITLE	V	DELETE	3 1 TITLE		Change	☐ Addition			
NAME	EASON, DOUGLAS		3 2 NAME	, —	1				
STREET ADDRESS	1117 BRANDIES AVENUE		3 3 STREET ADDRESS	5403 Brand	lies me	-			
CITY-ST-ZIP	Callahan Fl		3 4. CITY-ST-ZIP	Callahan	F1 32	011			
TITLE		DELETE	4.1 TITLE		Change	Addition			
NAME			4 2 NAME						
STREET ADDRESS			4 3 STREET ADDRESS						
DITY-ST-ZIP			4.4 CITY - ST - ZIP						
TITLE	administrative will be the state of the control of	☐ DELETE	5.1 TATLE		☐ Change	Addition			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY - ST - ZIP			5.4 CITY-SY-ZIP						
YITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY_ST_ZIP			6.4 CITY - ST 7IP						

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.

UND FORM ALIHON (DON) 8747745

Applied For

Fee Required

Added to Fees

□ No

Not Applicable