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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000061199 (1)

EDDYSTONE, INC.

**FILED** May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									- I HOUNGUE FUE LONGE BURK OUNK BOUND OUND ON OUR HOUSE KROID BURK TOUR			
331 SIXTEENTH 8T NORTH ST PETERSBURG FL 33705 US				331 SIXTEENTH STREE NORTH ST PETERSBURG FL 33705 US					DO NOT WRITE IN THIS SPACE			
									3. Date Incorporated or Qualified 07/22/1996			
2. Principal P	lace of Busin	2	2a. Mailing Address					4. FEI Number	A	pplied For		
21				26					59-3390464	N	ot Applicable	
Suite, Apl. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional equired	
City & Stat	e	20	City & State					Election Campaign Financing     Trust Fund Contribution		May Be		
l Zip	Country			Zip Cou			intry	Trust Fund Contribution LJ Added to Fees  8. This corporation owes or has paid the current year Intangible				
24	25				30				Personal Property Tax due June 30. Yes No			
Name and Address of Current Registered Agent									10. Name and Address of New Reg	Istered Agent		
ALTON, WILLIAM M							81	Name				
331 SIXTEENTH STREET NORTH							82 Street Address (P.O. Box Number is Not Acceptable)					
STE. 1 TALLAHASSEE FL 33705							83				···-	
,,,,							84	City		<b>85</b> Zip	Code	
44 🖰			^7 or on		F			-			•	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, to office or registered agent or both, in the State of Florida Such change was authoragent. Lam familiar willy an appendix on by split the onlygations of, Section 607.0505, Florida							oove d by	the corporati	oration submits this statement for the pu ion's board of directors. I hereby accept	rpose or changing in the appointment as	registered	
signature / M / WILLIAM M. ALT								i,	O	4-27-98		
Signature, typod or printed name of registered agent and stic it apple able (NOTE: Bo								nt signature require	nd when reinstating)	DATE		
12.	ECTORS T	DELETE	13.		<del></del>	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR Change	RS IN 12				
NAME	ALTON !	WILLIAM M			_ OLCCIL	1.2 N/				L CHANGE	L. Addition	
STREET ADDRESS			1.3 STREET ADDRESS		ADDRESS							
STREET ADDRESS 331 SIXTEENTH STREET NORTH CITY-ST-ZIP ST PETERSBURG FL						1.4 CITY - ST - ZIP		T-Z∤P				
TITLE	-			DELETE 2.1		2.1 TI	2.1 TITLE			Change	Addition	
NAME				22 N								
STREET ADDRESS								ADDRES\$				
CITY-ST-ZIP TITLE	<u> </u>		DELETE 311				it - ZIP	·	Change	Addition		
NAME				_	<del></del>	3.2 NA						
STREET ADDRESS						3.3 \$1	REET	ADDRESS				
CITY-ST-ZIP				·····		3.4. C		T - ZIP				
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NAME Street address						4. 2 N		ADDRECC				
CHTY-ST-ZIP						4.4 CI		ADDRESS				
TITLE					DELETE	5.1 18		-		Change	Addition	
NAME						5.2 NA	ME					
STREET ADDRESS						5.3 ST	REET	ADDRESS				
CITY-ST-ZIP				<del>-</del>	DELETE	5.4 CF		I - ZIP		Change	Addition	
TITLE NAME				L	DECEMB	6.1 TIT 6.2 NA				☐ Change	Addition	
STREET ADORESS								ADDRESS				
CITY-ST-ZIP	-1					6.4 CF						
de Ibarahira			The state of the state of	tre .					0			

r nereby 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 supplier central 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.