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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000077795 (7)

1. Corporation Name

ESHBAUGH, INC.



Principal Place of Business

Mailing Address

1271 ARON STREET
COCOA, FL 32927

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COCOA, FL 32927

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1997

4. FEI Number

59-3466618

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Post Office Box #560702

Suite, Apt. #, etc.

22

City & State

23 ROCKLEDGE, FLORIDA

Zip 32956

Country UNITED

24

0702

25

STATES

2a. Mailing Address

26 Post Office Box #560702

Suite, Apt. #, etc.

27

City & State

28 ROCKLEDGE, FLORIDA

Zip 32956

Country UNITED

29

0702

30

STATES

9. Name and Address of Current Registered Agent

ESHBAUGH, JAMES G
2170 ARON STREET
COCOA, FL

10. Name and Address of New Registered Agent

81 Name

ESHBAUGH, JAMES G.

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

1003 OSPREY DRIVE

83

84 City

MELBOURNE

FL

85 Zip Code

32940

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, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ESHBAUGH, JAMES G

STREET ADDRESS P.O. BOX 560702

CITY-ST-ZIP ROCKLEDGE FL 32956-0702

TITLE D ☐ DELETE

NAME ESHBAUGH, JANET R

STREET ADDRESS P.O. BOX 560702

CITY-ST-ZIP ROCKLEDGE FL 32956-0702

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PITID ☒ Change ☐ Addition

1.2 NAME ESHBAUGH, JAMES G.

1.3 STREET ADDRESS 1003 OSPREY DRIVE

1.4 CITY-ST-ZIP MELBOURNE, FLORIDA 32940

2.1 TITLE V/SID ☒ Change ☐ Addition

2.2 NAME ESHBAUGH, JANET R.

2.3 STREET ADDRESS 1003 OSPREY DRIVE

2.4 CITY-ST-ZIP MELBOURNE, FLORIDA 32940

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE JAMES G. ESHBAUGH PRESIDENT 04/14/98

CR2E034 (10/97)