

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  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90190 040 \*\*\*150.00

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DOCUMENT # P97000077795

1. Corporation Name  
ESHBAUGH, INC.

Principal Place of Business  
P O BOX 560702  
ROCKLEDGE FL 32956-702  
US

Mailing Address  
P O BOX 560702  
ROCKLEDGE FL 32956-702  
US



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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

32956-0702 25

32956-0702 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESHBAUGH, JAMES G  
1003 OSPREY DRIVE  
MELBOURNE FL 32940

81 Name ESHBAUGH, JAMES G.

82 Street Address (P.O. Box Number is Not Acceptable)  
6365 GRISSOM PARKWAY

83

84 City COCOA, FL 85 Zip Code 32927

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

*James G. Eshbaugh*  
Signature, typed or printed name of registered agent and title if applicable.

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

01/14/99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE  
NAME ESHBAUGH, JAMES G  
STREET ADDRESS 1003 OSPREY DRIVE  
CITY-ST-ZIP MELBOURNE FL 32940

1.1 TITLE PTD ☒ Change ☐ Addition  
1.2 NAME ESHBAUGH, JAMES G.  
1.3 STREET ADDRESS 6365 GRISSOM PARKWAY  
1.4 CITY-ST-ZIP COCOA, FLORIDA 32927

TITLE VSD ☐ DELETE  
NAME ESHBAUGH, JANET R.  
STREET ADDRESS 1003 OSPREY DRIVE  
CITY-ST-ZIP MELBOURNE FL 32940

2.1 TITLE VSD ☒ Change ☐ Addition  
2.2 NAME ESHBAUGH, JANET R.  
2.3 STREET ADDRESS 6365 GRISSOM PARKWAY  
2.4 CITY-ST-ZIP COCOA, FLORIDA 32927

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*James G. Eshbaugh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES G. ESHBAUGH  
PRESIDENT 01/14/99 (407) 631-4488  
Date Daytime Phone #

CR2E034 (11/98)