

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

FILED

Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000107880 (1)

1. Corporation Name

EAKER ENTERPRISES, INC.



Principal Place of Business

Mailing Address

5103 FIVE ACRE ROAD
PLANT CITY FL 33565

5103 FIVE ACRE ROAD
PLANT CITY FL 33565

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1997

2. Principal Place of Business

21 13251 BOULDER RD
Suite, Apt. #, etc.

2a. Mailing Address

26 7611 FOUR PINES RD
Suite, Apt. #, etc.

4. FEI Number

☒ 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

22 City & State

23 PLANT CITY, FL

27 City & State

28 PLANT CITY, FL

24 Zip

25 33525

Country

25 USA

29 Zip

29 33565

Country

30 USA

9. Name and Address of Current Registered Agent

MCCONNELL, W. STEPHEN
1144 N WESTSHORE BLVD #115
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

82 H. Lee EAKER

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

83 7611 FOUR PINES RD

84 City

84 PLANT CITY

FL

85 Zip Code

85 33565

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 *H. Lee EAKER* *H. Lee EAKER*

(NOTE: Registered Agent signature required when reinstating)

3/24/98

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

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
EAKER, SHIRLEY
STREET ADDRESS 5103 FIVE ACRE ROAD
CITY-ST-ZIP PLANT CITY FL 33565

TITLE ☐ DELETE

NAME D
EAKER, PAUL D
STREET ADDRESS 5103 FIVE ACRE ROAD
CITY-ST-ZIP PLANT CITY FL 33565

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 ☐ Change ☐ Addition

1.2 NAME SHIRLEY EAKER
1.3 STREET ADDRESS 7611 FOUR PINES RD
1.4 CITY-ST-ZIP PLANT CITY, FL 33565

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME PAUL D. EAKER
2.3 STREET ADDRESS 7611 FOUR PINES RD
2.4 CITY-ST-ZIP PLANT CITY, FL 33565

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.

CR2E034 (10/97)