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

PROFIT CORPORATION ANNUAL REPORT 1999



9. Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000048653

1. Corporation Name

EATON DEVELOPMENT CORPORATION

Mailing Address Principal Place of Business 14301 90TH AVE NORTH 14301 90TH AVE NORTH SEMINOLE FL 33776 SEMINOLE FL 33776 ... DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/28/1998 2a. Mailing Address 26 315 SF 4. FEI Number Principal Place of Business 3/5 SELINA Applied For 59-35/202 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country ^{Zip}32503 Country USA 8. This corporation owes the current year Intangible Personal Property Tax. 29

EATON, PETER D 14301 90TH AVE NORTH SEMINOLE FL 33776

10. Name and Address of New Registered Agent D DNALD 82 83

FILED

Jun 30, 1999 8:00 am

Secretary of State

06-30-1999 90010 047 ***550.00

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			178/99	
Signature, typed or printed name of registered agent and title if application (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.				
TITLE	DELETE	1.1 TITLE	VICE PRESIDENT Change DAddition	
NAME		1.2 NAME	MARK DONALD EATON	
		1.3 STREET ADDRESS	315 SELINA STREET	
STREET ADDRESS		1.4 CITY-ST-ZIP	BENTACOLA, & 32503	
CITY-ST-ZIP	□ DELETE	2.1 TITLE	☐ Change ☐ Addition	
TITLE	J. J. W. DEECIE	·	, .	
NAME	`•	2.2 NAME	, · · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME	·	3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME		_4.2 NAME		
STREET ADDRÉSS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME		5.2 NAME	, , , narp *	
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME	•	6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
		6 # 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 suppliemental 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 of the receiver or private 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, rith all other like empowered.

SIGNATURE:

V.QUIRED G OFFICER OR DIRECTOR