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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

S13218

(0)

EASON DODGE, INC.

Principal Place of Business Mailing Address 24713 PARK DR 24713 PARK DR SUMMERLAND KEY FL 33042 SUMMERLAND KEY FL 33042

FILED Feb 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/15/1990 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0224912 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible □ Ño ☐ Yes 24 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PATARINI, VAL R. 128 E MAIN 82 Street Address (P.O. Box Number is Not Acceptable) WAUCHULA FL 33873 83 84 Zip Code City 85 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, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITI F 1.1 TITLE Change Addition EASON, JEFFERY M NAME 1.2 NAME 24713 PARK DR STREET ADDRESS 1,3 STREET ADDRESS SUMMERLAND KEY FL 1.4 CITY - ST- ZIP CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE VSD EASON, JOHN W. III 2.2 NAMÉ NAME **BOX 1477 SAULS RD** 2.3 STREET ADDRESS STREET ADDRESS WAUCHULA FL 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change 61 TITLE TITLE NAME 62 NAME STREET ADDRESS 6,3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 of 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 comporation of 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 for all an address.

SIGNATURE:

CR2E034