

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90038 041 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V67940**

1. Corporation Name
EASTON-BABCOCK CONSTRUCTION COMPANY, INC.

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 300 GRECO AVE. CORAL GABLES FL 33146 | 300 GRECO AVE. CORAL GABLES FL 33146 |



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/28/1992

| | |
|-------------------|---|
| 4. FEI Number | Applied For |
| 65-0363437 | <input type="checkbox"/> 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 |
| 21 <input type="checkbox"/> | 26 <input type="checkbox"/> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 <input type="checkbox"/> | 27 <input type="checkbox"/> |
| City & State | City & State |
| 23 <input type="checkbox"/> | 28 <input type="checkbox"/> |
| Zip Country | Zip Country |
| 24 <input type="checkbox"/> 25 <input type="checkbox"/> | 29 <input type="checkbox"/> 30 <input type="checkbox"/> |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| BABCOCK, CLAVIN H 300 GRECO AVE CORAL GABLES FL 33146 | 81 Name |
| | 82 Street Address (P.O. Box Number is Not Acceptable) |
| | 83 |
| | 84 City FL 85 Zip Code |

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | DP <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BABCOCK, CALVIN H. | 1.2 NAME | |
| STREET ADDRESS | 300 GRECO AVE. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL | 1.4 CITY-ST-ZIP | |
| TITLE | ST <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BABCOCK, CALVIN H. | 2.2 NAME | |
| STREET ADDRESS | 300 GRECO AVE. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL | 2.4 CITY-ST-ZIP | |
| TITLE | DV <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EASTON, EDWARD W. | 3.2 NAME | EASTON, EDWARD W. |
| STREET ADDRESS | 300 GRECO AVE. | 3.3 STREET ADDRESS | 300 GRECO AVENUE |
| CITY-ST-ZIP | CORAL GABLES FL | CITY-ST-ZIP | CORAL GABLES, FLORIDA |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 on an attachment with an address, with other like empowered.

SIGNATURE: Edward W. Easton **BE REQUIRED** EDWARD W. EASTON 52-23-99 Date (305) 448-9999 Daytime Phone #

CR2E034 (11/98)