

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 188591 (2)

1. Corporation Name
EASTERN OIL COMPANY



Principal Place of Business: 205 S HOOVER ST TAMPA FL 33609
Mailing Address: 205 S HOOVER ST TAMPA FL 33609

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 10/25/1955
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-0761112
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: HURST, H E, 205 S HOOVER ST, TAMPA FL 33609
10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | HURST, HARRY E. | |
| STREET ADDRESS | 205 S. HOOVER ST. | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | RAWLINS, WANITA M. | |
| STREET ADDRESS | 205 S. HOOVER ST. | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | HUGHEY, MIKE | |
| STREET ADDRESS | 205 S HOOVER ST | |
| CITY-ST-ZIP | TAMPA, FL 00000 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | CARTER, SHIRLEY H. | |
| STREET ADDRESS | 205 S HOOVER ST. | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | ASD | <input type="checkbox"/> DELETE |
| NAME | BROWNE, DAN | |
| STREET ADDRESS | 205 S. HOOVER ST. | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------|--|
| 1.1 TITLE | V D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | FARMER, J. D. | |
| 1.3 STREET ADDRESS | 205 S. HOOVER ST. #400 | |
| 1.4 CITY-ST-ZIP | TAMPA FL 33609 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | V ASD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed, or on an attachment with an address.

SIGNATURE: *Danforth Browne V-P* 4/26/96 813 286 2323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DANFORTH BROWNE
Date: 4/26/96 Daytime Phone #: 813 286 2323

CR2E034 (12/95)