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**Feb 16 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham,
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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)

3. Date Incorporated or Qualified: 10/25/1955
4. FEI Number: 59-0761112
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

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: Wilson, J. Styles, 205 S. Hoover St, Tampa, FL 33609

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: *J. Styles Wilson* DATE: 2-2-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	FARMER, JD	1.2 NAME	
STREET ADDRESS	205 S HOOVER ST #400	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	
NAME	RAWLINS, WANITA M.	2.2 NAME	
STREET ADDRESS	205 S. HOOVER ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	
NAME	HUGHEY, MIKE	3.2 NAME	
STREET ADDRESS	205 S HOOVER ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	CARTER, SHIRLEY H.	4.2 NAME	
STREET ADDRESS	205 S HOOVER ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	VASD	5.1 TITLE	
NAME	BROWNE, DAN	5.2 NAME	
STREET ADDRESS	205 S. HOOVER ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	V
NAME		6.2 NAME	THATCHER, CAROLYN
STREET ADDRESS		6.3 STREET ADDRESS	205 S. HOOVER ST. #400
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TAMPA, FL 33609

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.

SIGNATURE: *Mike Browne* 1-15/98 (813) 286-2323

CR2E034 (10/97)