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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:42

DOCUMENT # 273737 **(7)**

1. Corporation Name

EASTERN MARKETING SERVICE, INC.

Principal Place of Business	Mailing Address
650 W. MAIN STREET P.O. BOX 2156 BARTOW FL 33830	650 W. MAIN STREET P.O. BOX 2156 BARTOW FL 33830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1963	3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-1021856	Applied For / 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 has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KIRBY, ROBERT B 6423 SHADOWBROOK DR E LAKELAND, FLA 33803	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 ______ Signature, typed or printed name of registered agent and title if applicable ______ (e.g. Registered Agent signature required when reinstating) ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE [ ] Change [ ] Addition
NAME	KIRBY, ROBERT B	1.2 NAME
STREET ADDRESS	6423 SHADOWBROOK DR E	1.3 STREET ADDRESS
CITY-ST-ZIP	LAKELAND, FL 00000	1.4 CITY-ST-ZIP
TITLE	STD	2.1 TITLE [ ] Change [ ] Addition
NAME	KIRBY, TERRI	2.2 NAME
STREET ADDRESS	6423 SHADOWBROOK DR. E.	2.3 STREET ADDRESS
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP
TITLE		3.1 TITLE [ ] Change [ ] Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE		4.1 TITLE [ ] Change [ ] Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE [ ] Change [ ] Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE [ ] Change [ ] Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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(1)(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: Terri L. Kirby 1-10-95 (813)533-1106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0316320 CP