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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 649209

(4)

1. Corporation Name

FASTERN INDUSTRIAL PARK, INC.

EASTERN INDUSTRIAL PARK, INC.						
Principal Place	of Business	Mailing Address				C 300/16 ONIN DIDIO IDIIO HON BOUND TON OLDH CLON CHAN DIDIN
7719 HOLIDAY DRIVE SARASOTA FL 34231		7719 HOLIDAY <b>DR</b> IVE SARASOTA FL 34231				
						3. Date Incorporated or Qualified 3a. Date of Last Report 03/08/1995
2. Principal Place of Business		2a. Mailing Address 26				4. FEI Number Applied For 59-1954878 Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
Orty & State		City & State			6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees	
Zip	Country Zip		- ·	Country		8. This corporation has liability for intangible tax under s. 199.032.
24	25	29	30	т		florida Statutes Yes No  10. Name and Address of New Registered Agent
	9. Name and Address of Curren	t Hegistered Agent		81	Name	10. Name and Address of New Registered Agent
MCNEIL	L, HAROLD L					ldress (P.O. Box Number is Not Acceptable)
7719 HOLIDAY DR SARASOTA, FL 34231				82	Street Ad	toress (F.O. Box Number is Not Acceptable)
				83		
				84	City	FL 85 Zip Code
SIGNATURE _	h, and accept the obligations of, Sect Signature typed or printed name of registeries apent OFFICERS AN	and tille if application (N		1 Адня		poration standing this search in the purpose of oranging its registered agent. I am paid when receiving:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PTD	DELETE	<del></del>	THLE		Change Addition
NAME	MCNEILL, HAROLD			IAME		
STREET ADDRESS	908 NORMANDY TRACE RD	<b>)</b> ,	1.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	TAMPA FL			:: ITY - S	S1 - ZIP	
TITLE	SD	DELETE	2 1			Change Addition
NAME	MCNEILL, PRENTISS L. 2230 SUNSET DR			IAME	I ADEADCOC	
STREET ADDRESS CITY-ST-ZIP	004054504454			2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 1 THUE		
TITLE	DIG WELLTON TO					Change Addition
NAME			321	MAME		
STREET ADDRESS			3.3	STREE	1 ADDRESS	
CITY-ST-ZIP	•	FT DOLETE	_		S1- ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE		TITLE		Change Accinon
NAME STREET ADDRESS	:		4	NAME Street	I ADDRESS	
CITY-ST-ZIP					ST-ZIP	
TITLE		☐ DELETE		TITLE		Change Addition
NAME			521	NAME		
STREET ADORESS			533	STHEET	T ADDRESS	
CITY-ST-ZIP		ED on the			ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE		TITLE		Change Addition
NAME CIDECT ADDRESS				NAME	LADOBESS	

64 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 around 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:

HULL L MAJORILE OF PRINTED WANTE OF SIGNING OFFICER OR DIRECTOR

3-20-96 (941) 966.3691

CR2E034 (12/95)