

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
CORPORATION DIVISION
AS Secretary of State
CORPORATION DIVISION

APPROVED
FILED

MAY 1 1995 9:37

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # 667451

(9)

E. II. A., INC.

Principal Office Location		Mailing Address	
2020 S COMBEE #12 LAKELAND FL 33801		2020 S COMBEE #12 LAKELAND FL 33801	
3. Date of Incorporation or Admission		3a. Date of Last Report	
04/22/1980		04/29/1994	
4. FEI Number		Applied For	
59-2936160		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Election Campaign Financing		\$5.00 May Be Added to Fees	
7. This corporation has liability for unpaid taxes under the Florida Statutes		Yes No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AMRHEIN, EUGENE 1007 BUTTERCUP DRIVE LAKELAND FL 33801		81. Name 82. Street Address (P.O. Box Number or Not Acceptable) 83. 84. City FL 85. State	
11. I, the undersigned, the president of the corporation, hereby certify that the above report is true and correct for the purpose of changing the registered office of the corporation as provided in the Florida Statutes. I hereby accept the appointment as registered agent of the corporation with effect from the date of filing of this report as required by the Florida Statutes.			
SIGNATURE			
12. OFFICER OR AGENT FOR SERVICE		13. ADDITIONAL CHANGES TO OFFICERS AND AGENTS FOR SERVICE	
NAME P AMRHEIN, EUGENE 1007 BUTTERCUP DR. LAKELAND FL		1. NAME 2. OFFICE ADDRESS 3. CITY 4. STATE	
VS MCCLOSKEY, PAT 50 VENICIA PKY. S. LAKE PLACID FL		5. NAME 6. OFFICE ADDRESS 7. CITY 8. STATE	
NAME OFFICE ADDRESS CITY STATE		9. NAME 10. OFFICE ADDRESS 11. CITY 12. STATE	
NAME OFFICE ADDRESS CITY STATE		13. NAME 14. OFFICE ADDRESS 15. CITY 16. STATE	
NAME OFFICE ADDRESS CITY STATE		17. NAME 18. OFFICE ADDRESS 19. CITY 20. STATE	
NAME OFFICE ADDRESS CITY STATE		21. NAME 22. OFFICE ADDRESS 23. CITY 24. STATE	
14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and correct for the purpose of changing the registered office of the corporation as provided in the Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made on oath. That I am an officer or director of the corporation or the registered or authorized agent for service of the corporation, and that my name appears on Block 12 or Block 13 or changed on an alteration form with an address.			
SIGNATURE:		5-1-95 8136670707	
SIGNATURE AND TITLE OF OFFICER OR AGENT FOR SERVICE		DATE	

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CORPORATION
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # 668719

(8)

EAST COAST PLASTICS, INC.

05

05/01

FLORIDA

1217 NE 9TH AVE
FT. LAUDERDALE FL 33304

1217 NE 9TH AVE
FT. LAUDERDALE FL 33304

3. Date of Report	05/01/1980	39. Date of Last Report	05/01/1994
4. FET Number	59-2017936	Applied For	
		Not Applied For	
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 been in compliance with Florida Statutes	☒	Yes	☐ No

2. Principal Office of Corporation	2a. Mailing Address
21. State	26. State
22. City & State	27. City & State
23. Zip	28. Zip
24. Name	29. Name
25. Address	30. Address

9. Name and Address of Current Registered Agent

SULLIVAN, WILLIAM M.
1205 NE 9 AVE.
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81. Name

82. Street Address (if P.O. Box Number, list Box Number and Post Office)

83. City

84. State

85. Zip Code

11. The agent for the purposes of Sections 607.01 and 607.02, 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 Sections 607.01 and 607.02, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (4-12)	
NAME	DP	NAME	
STREET ADDRESS	TRANK, ROBERT D	STREET ADDRESS	
CITY & STATE	1217 NE 9 AVE	CITY & STATE	
ZIP	FT LAUDERDALE, FL 00000	ZIP	
NAME	D	NAME	
STREET ADDRESS	SULLIVAN, WILLIAM	STREET ADDRESS	
CITY & STATE	1217 NE 9 AVE	CITY & STATE	
ZIP	FT LAUDERDALE, FL 00000	ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
ZIP		ZIP	

14. I, the undersigned, certify that the information required with this filing is correctly furnished and does not qualify for the exemption stated in Section 607.01(2), Florida Statutes. Further, I certify that the information is true and correct, and that the corporation has complied with the provisions of the Florida Statutes, and that the name of the corporation is correct.

SIGNATURE: _____
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95
305-523-5870