FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY ... 9:37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 667451 (9)

1. Corporate Name

E. II. A., INC.

Principal Place of Business: 2020 S COMBEE #12, LAKELAND FL 33801

Mailing Address: 2020 S COMBEE #12, LAKELAND FL 33801

3. Date Incorporated or Qualified: 04/22/1980

3a. Date of Last Report: 04/29/1994

4. FEI Number: 59-2936160 — 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 ... Florida Statutes — Yes / No

2. Principal Place of Business / 2a. Mailing Address (changes)

9. Name and Address of Current Registered Agent

AMRHEIN, EUGENE
1007 BUTTERCUP DRIVE
LAKELAND FL 33801

10. Name and Address of New Registered Agent

Name / Street Address (P.O. Box Number is Not Acceptable) / City: FL / Zip Code

11. Pursuant to the provisions of ... Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both ...

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name / Address
P	AMRHEIN, EUGENE 1007 BUTTERCUP DR. LAKELAND FL
VS	MCCLOSKEY, PAT 50 VENICIA PKY. S. LAKE PLACID FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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)(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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95 813 667 0707

0312983 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # 668719 (8)

1\. Corporate Name

EAST COAST PLASTICS, INC.

Principal Place of Business: 1217 NE 9TH AVE, FT. LAUDERDALE FL 33304

Mailing Address: 1217 NE 9TH AVE, FT. LAUDERDALE FL 33304

3\. Date Incorporated or Qualified: 05/01/1980

3a. Date of Last Report: 05/01/1994

4\. FEI Number: 59-2017936

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 ... Florida Statutes — X Yes ☐ No

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 (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

12\. OFFICERS AND DIRECTORS

Field	
TITLE	DP
NAME	TRANK, ROBERT D
STREET ADDRESS	1217 NE 9 AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 00000
TITLE	D
NAME	SULLIVAN, WILLIAM
STREET ADDRESS	1217 NE 9 AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 00000

13\. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition

14\. I 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)(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: [signature] 4/21/95 305-523-5870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0210029 CP