FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600005327 (9)

EASTERN CONTRACTING, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

3110 SEASONS WAY #210 **ESTERO FL 33920**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3110 SEASONS WAY #210

ESTERO FL 33928

FILED May 12 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualified

10/14/1996

38-3121477

5. Certificate of Status Desired

6. Election Campaign Financing

23			28					Trust Fund Contribution
Zip		Country	L	Zip	L	Country	,	8. This corporation owes or has paid the current year Intangible
4		25	29		30			Personal Property Tax due June 30. Yes No
	9. Name	and Address of Curre	nt Regis	stered Agent				10. Name and Address of New Registered Agent
CATALDO, MICHELLE 3110 SEASONS WAY #210						81		lame treet Address (P.O. Box Number is Not Acceptable)
ESTERO FL 33928						L	<u> </u>	
			•			83	ŀ	
						84	City	FL 85 Zip Code
office or re	enisteren en		of Flori	da Such chance.	was autho 5 Elorida	rized by Statute	the c	amed corporation submits this statement for the purpose of changing its registere ecorporation's board of directors. I hereby accept the appointment as registere
SIGNATURE .	_X	<i>verelle</i>	w	aldo,	TRE61			4/29/98
74	Signature, typed	or printed name of registered ag-					int signa	gnature required when reinstating) DATE
12.		OFFICERS AN	D DIHE			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DCP	A 44645.45		☐ DELET	1	I.1 TITLE		☐ Change ☐ Addi
NAME		O, MICHELLE			1	I.2 NAME		·
STREET ADDRESS		ASONS WAY #210			Į ¹	I.3 STREET	ADDRES	RESS
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CITY-ST-ZIP						4 CITY-S		
14. I hereby or indicated of officer or of	on this annui director of th	al report or supplements e corporation or the rec- changed, or on an atta	al annua eiver or chment	I report is true and trustee empowere with an address	alify for the d accurate ed to execu	exemp and the de this	tion sta at my s report	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informating signature shall have the same legal effect as if made under oath; that I am an ort as required by Chapter 607, Florida Statutes; and that my name appears in
SIGNATI	URE: 🙏	Michall	& (italdo		1	3	4/29/98 (941) 498-6172