

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90130 035 ***150.00

DOCUMENT # **G60786**

1. Corporation Name

FIRST EASTERN GROUP, INC.

Principal Place of Business

**654 SW THORNHILL LANE
PALM CITY FL 34990
US**

Mailing Address

**P O BOX 801
PALM CITY FL 34990
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1983

4. FEI Number

59-2323758

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 **25** **29** **30** **34991**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAMPSON, DOUGLAS C
654 SW THORNHILL LANE
PALM CITY FL 34990**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDT** ☐ DELETE
NAME **SAMPSON, DOUGLAS C**
STREET ADDRESS **654 SW THORNHILL LN**
CITY-ST-ZIP **PALM CITY FL**

TITLE **S** ☐ DELETE
NAME **TUCKLEY, ETHEL S**
STREET ADDRESS **2474 SW VERSAILLES TERRACE**
CITY-ST-ZIP **STUART FL**

TITLE **D** ☒ DELETE
NAME **MACKEY, JAMES D**
STREET ADDRESS **1399 SW SHORELINE DR**
CITY-ST-ZIP **PALM CITY FL**

TITLE **D** ☐ DELETE
NAME **RAMSER, FORREST L**
STREET ADDRESS **190 ASHTON DR**
CITY-ST-ZIP **ATHENS GA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D/Clyde E. Williams, Jr. Esq.**
1.3 STREET ADDRESS **2000 Huntington Bldg.**
1.4 CITY-ST-ZIP **925 Euclid Avenue**
Cleveland OH 44115 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Ethel S. Tuckley **Ethel S. Tuckley/Secretary** February 19/99 561-283-4934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)