

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortimer  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J10044** (2)

1. Corporation Name  
**EASTCO INDUSTRIES, INC.**



Principal Place of Business Mailing Address  
**ABRAHAM, RICHARD**  
**4102 SE NEWTON STREET**  
**STUART FL 34997**  
**US**

3. Date Incorporated or Qualified **04/18/1986** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-2683851** Applied For Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**STEVENS, BLAISE**  
**4102 SE NEWTON ST**  
**STUART FL 34997**

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 of the person or persons authorized to file this report

Date of Filing

DATE

| 12. OFFICERS AND DIRECTORS |                               |                                 |
|----------------------------|-------------------------------|---------------------------------|
| TITLE                      | <b>PD</b>                     | <input type="checkbox"/> DELETE |
| NAME                       | <b>STEVENS, BLAISE A.</b>     |                                 |
| STREET ADDRESS             | <b>2328 CALCUTTA CIRCLE</b>   |                                 |
| CITY - ST - ZIP            | <b>PORT ST LUCIE FL</b>       |                                 |
| TITLE                      | <b>D</b>                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>ABRAHAM, RICHARD SCOTT</b> |                                 |
| STREET ADDRESS             | <b>4102 SE NEWTON ST</b>      |                                 |
| CITY - ST - ZIP            | <b>STUART FL</b>              |                                 |
| TITLE                      | <b>D</b>                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>ABRAHAM, MARYANN</b>       |                                 |
| STREET ADDRESS             | <b>4102 SE NEWTON ST</b>      |                                 |
| CITY - ST - ZIP            | <b>STUART FL</b>              |                                 |
| TITLE                      |                               | <input type="checkbox"/> DELETE |
| NAME                       |                               |                                 |
| STREET ADDRESS             |                               |                                 |
| CITY - ST - ZIP            |                               |                                 |
| TITLE                      |                               | <input type="checkbox"/> DELETE |
| NAME                       |                               |                                 |
| STREET ADDRESS             |                               |                                 |
| CITY - ST - ZIP            |                               |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |   |
|---|--|---|
| 1.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |  |   |
| 1.3 STREET ADDRESS                                    |  |   |
| 1.4 CITY - ST - ZIP                                   |  |   |
| 2.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |  |   |
| 2.3 STREET ADDRESS                                    |  |   |
| 2.4 CITY - ST - ZIP                                   |  |   |
| 3.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |  |   |
| 3.3 STREET ADDRESS                                    |  |   |
| 3.4 CITY - ST - ZIP                                   |  |   |
| 4.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |  |   |
| 4.3 STREET ADDRESS                                    |  |   |
| 4.4 CITY - ST - ZIP                                   |  |   |
| 5.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |  |   |
| 5.3 STREET ADDRESS                                    |  |   |
| 5.4 CITY - ST - ZIP                                   |  |   |
| 6.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |  |   |
| 6.3 STREET ADDRESS                                    |  |   |
| 6.4 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 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: *Maryann Abraham* *Maryann Abraham* 4/29/96 407-335-1333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date of Filing

CR2E034 (12/95)