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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J44023 (6)

1. Corporation Name
DOWN EAST, INC.

Principal Place of Business 12645 MORNING DR DADE CITY FL 33525	Mailing Address 820 MORNINGSIDE DRIVE 12645 MORNING DR 7102 JASON DRIVE DADE CITY FL 33525 US 33525
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 12645 MORNING DR	2a. Mailing Address 26 12645 MORNING DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State DADE CITY FL	28 City & State DADE CITY FL
24 Zip 33525	25 Country US
29 Zip 33525	30 Country US

3. Date Incorporated or Qualified 11/25/1986	3a. Date of Last Report 04/22/1994
4. FEI Number 59-3127593	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under G. 109.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HAVERLOCK, JOSEPH L.
7102 JASON DRIVE
ZEPHYRHILLS FL 33541**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVERLOCK, JOSEPH L.	1.2 NAME	
STREET ADDRESS	7002 JASON DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ZEPHERHILLS FL	1.4 CITY - ST - ZIP	
TITLE	DVS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVERLOCK, MARK S.	2.2 NAME	
STREET ADDRESS	38635 SOUTH AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ZEPHYRHILLS FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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: *Joseph L. Haverlock* **JOSEPH L. HAVERLOCK** 4-24-95 **873 768 5703**

SIGNATURE AND TYPED OR PRINTED NAME OF DINING OFFICER OR DIRECTOR (Date) (Type Name)