FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K03028 (3)

1. Corporation Name
EASTERN REAL PROPERTY INC.

Principal Place of Business
WILLIAM C. SKUBA, PRESIDENT
P.O. BOX 368
DRUMS PA 18222-0368

Mailing Address
WILLIAM C. SKUBA, PRESIDENT
P.O. BOX 368
DRUMS PA 18222-0368

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/20/1987
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21
Suite, Apt. #, etc. 22: RR 4 Box 4452
City & State 23: DRUMS PA.
Zip 24: 18222 Country 25: USA

2a. Mailing Address
26
Suite, Apt. #, etc. 27: RR 4 Box 4452
City & State 28: DRUMS PA.
Zip 29: 18222 Country 30: USA

4. FEI Number: 59-2859407 — 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 S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
MCNAMARA, THOMAS P.
4100 BARNETT PLAZA
101 EAST KENNEDY BLVD.
TAMPA FL 33602

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE	P/S/D	☒ Change ☐ Addition
NAME	SKUBA, WILLIAM C.	1.2 NAME	SKUBA, WILLIAM C.	
STREET ADDRESS	1401 N. RIVER HILLS DR.	1.3 STREET ADDRESS	ROUTE 309 NORTH BOX 4452	
CITY-ST-ZIP	TEMPLE TERRACE FL	1.4 CITY-ST-ZIP	DRUMS, PA 18222	
TITLE	S	2.1 TITLE	T	☒ Change ☐ Addition
NAME	SKUBA, WILLIAM C.	2.2 NAME	KRZEMIEN, GREGORY	
STREET ADDRESS	1401 N. RIVER HILLS DR.	2.3 STREET ADDRESS	ROUTE 309 NORTH BOX 4452	
CITY-ST-ZIP	TEMPLE TERRACE FL	2.4 CITY-ST-ZIP	DRUMS, PA. 18222	
TITLE	AS	3.1 TITLE		☒ Change ☐ Addition
NAME	TEBERIO, LINDA	3.2 NAME	DELETE	
STREET ADDRESS	RT 309 BOX 368 N/A	3.3 STREET ADDRESS		
CITY-ST-ZIP	DRUMS PA	3.4 CITY-ST-ZIP	V	
TITLE		4.1 TITLE		☒ Change ☐ Addition
NAME		4.2 NAME	FIORAVANTE, MICHAEL	
STREET ADDRESS		4.3 STREET ADDRESS	ROUTE 309 NORTH BOX 4452	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DRUMS, PA 18222	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(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 is added in accordance with an address.

SIGNATURE: X _____ 4/20/95 717-788-6074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0489328 FN