


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

FILED  
Jan 23, 1999 8:00am  
Secretary of State

0667206

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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01-23-1999 90004 013 \*\*\*\*150.00

**DOCUMENT # L59230**  
 1. Corporation Name  
**EASTERN INDUSTRIES INC.**



Principal Place of Business <b>% JOHN C. WALL 6824 BAY LINE DRIVE PANAMA CITY FL 32404</b>	Mailing Address <b>% JOHN C. WALL 6824 BAY LINE DRIVE PANAMA CITY FL 32404</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>03/22/1990</b>	
4. FEI Number <b>59-3002384</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**WALL, JOHN C.  
6824 BAY LINE DRIVE  
PANAMA CITY FL 32404**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	WALL, JOHN E.	
STREET ADDRESS	6824 BAY LINE DRIVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WALL, MARGARET H.	
STREET ADDRESS	6824 BAY LINE DRIVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	WALL, JOHN C.	
STREET ADDRESS	6824 BAY LINE DRIVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALL, GERARD E.	
STREET ADDRESS	6824 BAY LINE DRIVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALL, DAVID A.	
STREET ADDRESS	6824 BAY LINE DRIVE	
CITY-ST-ZIP	PANAMA CITY FL	
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 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: SIGNATURE REFOUNDED 1/099 (850) 709-0200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)