

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

1996 *2-7-96* *B-0853* DIVISION OF CORPORATIONS *C*

DOCUMENT # **N95000004080 (6)**

1. Corporation Name

**EASTSIDE OPTIMISTS, INC.**



Principal Place of Business: **715 PLANTATION CIRCLE PANAMA CITY FL 32404**  
Mailing Address: **715 PLANTATION CIRCLE PANAMA CITY FL 32404**

3. Date Incorporated or Qualified: **08/24/1995**  
3a. Date of Last Report

2. Principal Place of Business: *632 Old Hickory ST*  
2a. Mailing Address: *632 Old Hickory ST*  
21. Suite, Apt. #, etc.  
22. Suite, Apt. #, etc.  
23. City & State: *Panama City, FL*  
28. City & State: *Panama City, FL*  
24. Zip: *32404*  
25. Country  
29. Zip: *32404*  
30. Country

4. FEI Number: *59-3343859*  
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  
**BAUMAN, RICHARD A  
715 PLANTATION CIRCLE  
PANAMA CITY FL 32404**

10. Name and Address of New Registered Agent  
81. Name: *Mapetz, Mark*  
82. Street Address (P.O. Box Number is Not Acceptable): *632 Old Hickory ST.*  
83.  
84. City: *Panama City* **FL** 85. Zip Code: *32404*

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Mark A. Capetz* **Mark A. Capetz** *1-31-96*  
Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BAUMAN, RICHARD A</b>	
STREET ADDRESS	<b>715 PLANTATION CIRCLE</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32404</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>JONES, HARRISON</b>	
STREET ADDRESS	<b>1306 EVERGREEN COURT</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32404</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>RICHARDSON, TINA</b>	
STREET ADDRESS	<b>193 DERBY WOODS DRIVE</b>	
CITY-ST-ZIP	<b>LYNN HAVEN FL 32444</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		Change	Addition
1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>Mapetz, Mark</b>		
1.3 STREET ADDRESS	<b>632 Old Hickory ST.</b>		
1.4 CITY-ST-ZIP	<b>Panama City, FL 32404</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **1-31-96** *904-789-5141*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)