Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90298 033 ***150.00

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000045581

STREET ADDRESS

CITY-\$T-ZIP

 Corporation 	Name	J .000 .					
EASTWOOD PRODUCTS, INC.							
					# 100210002 110 10200 (2012 0012) 100211 100211	A BORNE ANDOLANTO BRIDE	
						A 9400 BIRKE BIRK BIRK	
Principal Place	e of Business	Mailing Address	-			i maire minas miini aremi	(\$10) (10) (0)
P.O. BOX 290 P.O. BOX 290					1		
PERRY FL 32347 PERRY FL 32347							
					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed 06/23/1993		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Apr	plied For	
21		26			59-3190201		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5 Certificate of Status Desired ~	\$8.75 A		
22 27				G. Germania di didica di d	Fee Re	quired	
City & State City & State				6. Election Campaign Financing	\$5.00	•	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current ye		_
24	25		30		Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	tered Agent	
POO	T. M. ROBERT		81	Name			
C/O OLD NEW TRUCK LINES BLDG		82	Street Add	Iress (P.O. Box Number is Not Acceptable)			
HWY 27 E			83			_ 	
PERRY FL 32347			-	<u> </u>			
			84	City		FL 85 Zip C	ode
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	if Florida. Such change was au	thorized by	the corporat	poration submits this statement for the purportion's board of directors. I hereby accept the	se of changing its appointment as rec	registered jistered
SIGNATURE							
	Signature, typed or printed name of registered agent			nt signature requir	VV 11-11-11-19)	ATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	Change	Addition
TITLE	-		1.1 TITLE			□ Cliange	☐ ∧ooloon
NAME			1.2 NAME				
STREET ADDRESS	1 101 =		1.3 STREET	TADDRESS			
CTY-ST-ZIP			1.4 CITY-S	T-ZIP			
TITLE 1			2.1 TITLE			☐ Change	Addition
NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2.2 NAME				,
STREET ADDRESS	1 : 1 = = = 11 = 1		2.3 STREE	TADDRESS			
CITY-ST-ZIP			2.4 CITY-S	ST-ZIP			- Address
TITLE	5		3.1 TITLE			☐ Change	☐ Addition
NAME	ELIEN, EDWARD JR.		3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			,
CITY-ST-ZIP			3.4. CITY-S	T- ZIP			
TITLE		☐ DELETE	4.1 TITLE	ļ		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T- ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	•		5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		<u> </u>	
TITLE , , .		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME .			6.2 NAME				
STDEET ANNOCCE			6.3 STREE	TADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE: /