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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1997 8:00am

Secretary of State

## 1001/101/ UT 10110 #### 03/40 11/4/ 07/4/ 04/4/ 04/4/ 04/4/ 10/4/ 04/4/ 04/4/ 04/4/ 04/4/ 04/4/ 04/4/ 04/4/

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000047905 (3)

EASTMAN MARKETING, INC.

Principal Plac	ce of Business	Mailing Address	Mailing Address			T AND THE BEATH OF THE COURT OF		
3406 S. GARDENIA DR TAMPA FL 33629-2802		3406 SOUTH GARDENIA I TAMPA FL 33629-8206	DR					
US		U\$			Date Incorporated or Qualified     07/06/1993	3a. Date of Last R 05/01/1996	Report	
2. Principal Place of Business		28. Mailing Address			4. FEI Number Applied For			
21		26			59-3191499   Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				- \$9.75	Additional	
22		27			5. Certificate of Status Desired	• • • · · · -	equired	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Ζφ.	7ip Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes    X Yes □ No			
9. Name and Address of Current Registered Agen					10. Name and Address of New Registered Agent			
BAR	ONE, JOSEPH		8	1 Name				
	B SOUTH GARDENIA DRIVE		8	2 Stroot Ado	oddress (P.O. Box Number is Not Acceptable)			
	IPA FL 33629		l°	2 Street Add	aress (r.O. box Number is Not Acceptabl	.c)		
			. 8	3				
			8	4 City		or 7in	Code	
				1 1				
11. Pursuant office or	to the provisions of Sections 607.0 registered agent, or both, in the St	0502 and 607.1508, Florida Statu ate of Florida. Such change was	les, the abo authorized	ve-named cor by the corpora	poration submits this statement for the pu ation's board of directors. I hereby accep	urpose of changing it I the appointment as	ts registered registered	
agent. I a	am familiar with, and accept the ob	ligations of, Section 607.0505, F	ionda Statut	es.				
SIGNATURE	Signature, typed or printed name of registered	agest and the if applicable (NO	OE Registered A	gent signature requ	rred when re-estating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	RS IN 12	
TITLE	PSDT	☐ DELETE	10 TELE			☐ Change	Addition	
NAME	BARONE, JOSEPH	n =	12 NAM		4			
STREET ADDRESS	3406 SOUTH GARDENIA DR	IVE	1 3 S1RE	et address				
CITY-ST-ZIP	TAMPA FL		14 C/1Y					
TITLE		☐ DELETE	2.1 TILLE			☐ Change	☐ Addition	
NAME			2.2 NAM		•			
STREET ADDRESS			•	: LADDRESS				
CITY-ST-ZIP	□ DCLTT		2. 4 CITY				<u> </u>	
TITLE	DCLETE		3.1 TITLE			Change	Addition	
NAME			3.2 NAM	1				
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4 CITY			Channe	Addition	
NAME	Dittie		4.1 TITLE 4. 2 NAM			Change	Addition	
STREET ADDRESS								
	i			1 ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CHTY- 5.1 TITLE	\$1 · /  P		Change	Addition	
NAME		the second	5.2 NAM8			criange	L. Addition	
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP	1		5.4 CITY-					
TITLE				01.51		Change	Addition	
NAME			6.1 TITLE 6.2 NAME			ondargo	L_1 Addition	
STREET ADDRESS				I ADDRESS				
CITY-ST-ZIP			6.4 CITY					
14. Ldo here	by certify that the information supp	lied with this filing does not qual	ify for the ex	emption state	d in Section 119.07(3)(i), Florida Statules	. I further certify that	the	
intormatic	on indicated on this annual report (	or supplemental annual report is For the receiver or trustee empor	true and acc vered to exc	curate and tha	it my signature shall have the same legal ort as required by Chapter 607, Florida St	offect se if made una	dor oath that	