

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000081265

1. Corporation Name
EASTERN CONSTRUCTION CORP.

Principal Place of Business

478 BALLARD DRIVE
SUITE 6
MELBOURNE FL 32935

Mailing Address

478 BALLARD DRIVE
SUITE 6
MELBOURNE FL 32935

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90087 036 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1995

4. FEI Number

65-1619408

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

5130 Commercial Dr.

Suite, Apt. #, etc.

Ste B

City & State

Melbourne, FL

Zip

32940

Country

USA

2a. Mailing Address

5130 Commercial Dr.

Suite, Apt. #, etc.

Ste B

City & State

Melbourne, FL

Zip

32940

Country

USA

9. Name and Address of Current Registered Agent

MAGUIRE, MICHAEL E
478 BALLARD DRIVE
SUITE 6
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5130 Commercial Dr.

83 **Ste B**

84 City

Melbourne

32940

FL

85 Zip Code

32940

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 reinstating)

DATE

4-8-99

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
MAGUIRE, MICHAEL E
363 TITAN DR
SATELLITE BEACH FL 32937

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAUSER, HOWARD W
394 EAST DRIVE
MELBOURNE FL 32904

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
OSTERHOUT, ALFRED B
394 EAST DRIVE
MELBOURNE FL 32904

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-99

407 253-0311

CR2E034 (1/1/98)