

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000084545 (9)**

1. Corporation Name
EASTERN A/C, INC.



Principal Place of Business: **434 MILWAUKEE AVE DUNEDIN FL 34698**
Mailing Address: **434 MILWAUKEE AVE DUNEDIN FL 34698**

3. Date Incorporated or Qualified: **10/30/1995** 3a. Date of Last Report

4. FEI Number: _____ 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

2. Principal Place of Business: _____ 2a. Mailing Address: _____

21. Suite, Apt. #, etc.: _____ 26. Suite, Apt. #, etc.: _____

22. City & State: _____ 27. City & State: _____

23. Zip: _____ 28. Zip: _____

24. Country: _____ 25. Country: _____ 29. Country: _____ 30. Country: _____

9. Name and Address of Current Registered Agent: **HALE, FRED H
5369 PARK BLVD
PINELLAS PARK FL 34685-3421**

10. Name and Address of New Registered Agent:

81. Name: _____

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

83. _____

84. City: _____ FL 85. Zip Code: _____

11. Pursuant to the provisions of Sections 607.0507 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: *Ronald V. Niles* **RONALD V. NILES** 1-29-96

Signature typed or printed name of registered agent and title if applicable: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: NILES, RONALD V		1.2 NAME: _____	
STREET ADDRESS: 434 MILWAUKEE AVE		1.3 STREET ADDRESS: _____	
CITY- ST- ZIP: DUNEDIN FL 34698		1.4 CITY- ST- ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	2.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		2.2 NAME: _____	
STREET ADDRESS: _____		2.3 STREET ADDRESS: _____	
CITY- ST- ZIP: _____		2.4 CITY- ST- ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	3.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		3.2 NAME: _____	
STREET ADDRESS: _____		3.3 STREET ADDRESS: _____	
CITY- ST- ZIP: _____		3.4 CITY- ST- ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	4.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		4.2 NAME: _____	
STREET ADDRESS: _____		4.3 STREET ADDRESS: _____	
CITY- ST- ZIP: _____		4.4 CITY- ST- ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	5.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		5.2 NAME: _____	
STREET ADDRESS: _____		5.3 STREET ADDRESS: _____	
CITY- ST- ZIP: _____		5.4 CITY- ST- ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6.2 NAME: _____	
STREET ADDRESS: _____		6.3 STREET ADDRESS: _____	
CITY- ST- ZIP: _____		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Ronald V. Niles* **RONALD V. NILES** 1-29-96 813-7543208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)