

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

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Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000031141 (0)**

1. Corporation Name
EASTERN/GIRARD, INC.

Principal Place of Business

**8459 ABBINGTON CIRCLE
UNIT # 922
NAPLES FL 33963**

Mailing Address

**PO BOX 413005
SUITE 33
NAPLES FL 33941-3005**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/20/1996	
21 Suite, Apt #, etc.	26	27 Suite, Apt #, etc.	28	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22 City & State	23	27 City & State	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 34108	25 Country	29 Zip 34101	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**GIRARD, ROBERTA L
8459 ABBINGTON CIRCLE
UNIT # 922
NAPLES FL 33963**

81 Name **GIRARD, Joseph S.**
82 Street Address (P.O. Box Number is Not Acceptable)
8459 ABBINGTON CIRCLE
83 **UNIT # 922**
84 City **NAPLES** FL 85 Zip Code **34108**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	PS
NAME	GIRARD, JOSEPH S	1.2 NAME	GIRARD, ROBERTA L
STREET ADDRESS	8459 ABBINGTON CIRCLE, UNIT 922	1.3 STREET ADDRESS	8459 ABBINGTON CIRCLE, #922
CITY-ST-ZIP	NAPLES FL 33963	1.4 CITY-ST-ZIP	NAPLES FL 34108
TITLE	VT	2.1 TITLE	D
NAME	GIRARD, ROBERTA L	2.2 NAME	GIRARD, JOSEPH S
STREET ADDRESS	8459 ABBINGTON CIRCLE, UNIT 922	2.3 STREET ADDRESS	8459 ABBINGTON CIRCLE, #922
CITY-ST-ZIP	NAPLES FL 33963	2.4 CITY-ST-ZIP	NAPLES FL 34108
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE *Joseph S Girard* **Joseph S Girard** 4/17/98 (941)591-0024

CR2E034 (10/97)