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FILED

Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000073030 (4)

1. Corporation Name  
EASTMAN WIRE AND METAL CORPORATION

Principal Place of Business

6850 S. FORK RANCH  
CLERMONT FL 34711

Mailing Address

6850 S. FORK RANCH  
CLERMONT FL 34711-6419



2. Principal Place of Business

21 6850 S. FORK RANCH dr

Suite, Apt. #, etc.

22

City & State

23 CLERMONT FL

Zip

24 34711

Country

25 USA

2a. Mailing Address

26 6850 S. FORK RANCH

Suite, Apt. #, etc.

27

City & State

28 CLERMONT FL

Zip

29 34711

Country

30

9. Name and Address of Current Registered Agent

EASTMAN, NORMAN  
6850 S. FORK RANCH  
CLERMONT FL 34711

3. Date Incorporated or Qualified  
08/24/1996

3a. Date of Last Report  
Just OPENED

4. FEI Number

59-3395675

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

10. Name and Address of New Registered Agent

81 Name

NORMAN Eastman

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

6850 S FORK RANCH dr.

83

84 City

CLERMONT FL

FL

85 Zip Code

34711

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

*Norman Eastman*

(NOTE: Registered Agent Signature required when reinstating)

JAN 13, 97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME NORMAN Eastman  
STREET ADDRESS 6850 S. FORK RANCH  
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ DELETE

NAME Same for  
STREET ADDRESS VICE PRESIDENT  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME SECRETARY  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 *Norman Eastman*

JAN 13, 97

203-247-4141

CR2E034 (9/96)