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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90068 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000037778

1. Corporation Name
 EASTERDAY ENTERPRISES INCORPORATED



Principal Place of Business: 908 BALMORAL PLACE VALRICO FL 33594
 Mailing Address: 908 BALMORAL PLACE VALRICO FL 33594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1998

4. FEI Number: 59-3500523 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$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: 302 Honey Locust Ct, Seffner, FL 33584
 2a. Mailing Address: P.O. Box 94, Valrico, FL
 22. City & State: Seffner, FL
 23. City & State: Valrico, FL
 24. Zip: 33584, Country: USA
 29. Zip: 33595-094, Country: USA

9. Name and Address of Current Registered Agent: EASTERDAY, SHERRY D, 908 BALMORAL PLACE 3, VALRICO FL 33594

10. Name and Address of New Registered Agent: Sherry Easterday, 302 Honey Locust Ct, Seffner, FL 33584

11. Pursuant to the provisions of Sections 607.0402 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: *Sherry Easterday*
 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 | EASTERDAY, ROBERT D | 1.1 TITLE: President, CEO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: EASTERDAY, ROBERT D | 908 BALMORAL PLACE | 1.2 NAME: | |
| STREET ADDRESS: 908 BALMORAL PLACE | VALRICO FL 33594 | 1.3 STREET ADDRESS: | |
| CITY-ST-ZIP: VALRICO FL 33594 | | 1.4 CITY-ST-ZIP: | |
| TITLE: D | EASTERDAY, SHERRY D | 2.1 TITLE: Vice President, Sec. / Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: EASTERDAY, SHERRY D | 908 BALMORAL PLACE | 2.2 NAME: CFO | |
| STREET ADDRESS: 908 BALMORAL PLACE | VALRICO FL 33594 | 2.3 STREET ADDRESS: | |
| CITY-ST-ZIP: VALRICO FL 33594 | | 2.4 CITY-ST-ZIP: | |
| TITLE: | | 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: | | 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: | | 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: | | 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 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sherry Easterday* Sherry Easterday 4/16/99 813
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)