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

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90063 020 ***150.00

DOC	UMENT # V58178						
ORAN EASTMAN & ASSOCIATES, INC.							
Principal	Place of Business	Mailing Address					
8424 CASTLE GARDEN RD PO BOX 521							
	ETTO FL 34221 ELLENTON FL 34222-0521				DO NOT MIDITE IN THIS S	DACE	
US	U\$				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
} ;	i 1				08/13/1992		
2 Princip	pal Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21	26				65-0375113	No	t Applicable
	, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	
22						Fee Re	
City &	ity & State City & State				6. Election Campaign Financing	\$5.00	
23	28			 _	Trust Fund Contribution	Added 1	o rees
Zip	Country Zip Cou		Country		This corporation owes the current year Intar Personal Property Tax.	ngibie ∐Yes	XDNo I
24		25 29 30 e and Address of Current Registered Agent			10. Name and Address of New Registered A		
Ţ	or manual and manual and an extreme		81	Name			
GRIMES, WILLIAM C. 1023 MANATEE AVENUE, WEST			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	Bradenton FL 34205		83				ł
			84	City	y 85 Zip Code		
				<u> </u>	FL	l (rogistared
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 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							gistered
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 si					ed when reinstating) DATE	•	
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE ;	PD	☐ DELETE	1.1 TITLE		•	Change	☐ Addition
NAME	EASTMAN, ORAN S.		1.2 NAME				
STREET ADD				TADORESS			
CITY-ST-ZIP		☐ DELETE	1.4 CITY-S	T- ZIP		☐ Change	Addition
TITLE	SD FACTHAM DOCEMARY	☐ pereie	2.1 TITLE 2.2 NAME				
NAME STREET ADD	EASTMAN, ROSEMARY 8424 CASTLE GARDEN RD			TADDRESS			
STREET ADD			2.4 CITY-5		and the second s		
TITLE I	VD	☐ DELETE	3.1 TITLE		<u> </u>	☐ Change	Addition
NAME	EASTMAN, DOUGLAS		3.2 NAME				
STREET ADD	RESS 8424 CASTLE GARDEN RD		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	PALMETTO FL	<u> </u>	3.4. CITY-5	ST-ZIP			
TITLE	TD	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME :	EASTMAN, JEANETTE		4.2 NAME				
STREET ADD			4.3 STREET ADDRESS				
CITY-ST-ZIP	PALMETTO FL	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			Change	☐ Addition
NAME .			5.2 NAME			= •	
STREET ADD	DRESS!		5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADD	PRESS			T ADDRESS	•		
CITY-ST-ZIP	on the second of the second		6.4 CITY-S	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 academent with an address, with an other like empowered.

GOFFICER OR DIRECTOR

Oran S. Eastman

(941) 729-4476

Daytime Phone #