

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K03028** (3)

1. Corporation Name
EASTERN REAL PROPERTY INC.

Principal Place of Business Mailing Address
WILLIAM C. SKUBA, PRESIDENT
P.O. BOX 368 DRUMS PA 18222-0368
WILLIAM C. SKUBA, PRESIDENT
P.O. BOX 368 DRUMS PA 18222-0368

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/20/1987** 3a. Date of Last Report **04/18/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2859407	Applied For <input type="checkbox"/> Not Applicable
21		26		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	Suite, Apt. #, etc. RR 4 Box 4452	27	Suite, Apt. #, etc. RR 4 Box 4452	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	City & State DRUMS PA.	28	City & State DRUMS PA.	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip 18222	25	Country USA	29	Zip 18222
		30	Country USA		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCMAMARA, THOMAS P. 4100 BARNETT PLAZA 101 EAST KENNEDY BLVD. TAMPA FL 33602				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	P/S/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKUBA, WILLIAM C.	1.2 NAME	SKUBA, WILLIAM C.
STREET ADDRESS	1401 N. RIVER HILLS DR.	1.3 STREET ADDRESS	ROUTE 309 NORTH BOX 4452
CITY - ST - ZIP	TEMPLE TERRACE FL	1.4 CITY - ST - ZIP	DRUMS, PA 18222
TITLE	S	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKUBA, WILLIAM C.	2.2 NAME	KRZEMIAN, GREGORY
STREET ADDRESS	1401 N. RIVER HILLS DR.	2.3 STREET ADDRESS	ROUTE 309 NORTH BOX 4452
CITY - ST - ZIP	TEMPLE TERRACE FL	2.4 CITY - ST - ZIP	DRUMS, PA. 18222
TITLE	AS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEBERIO, LINDA	3.2 NAME	DELETE
STREET ADDRESS	RT 309 BOX 368 N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	DRUMS PA	3.4 CITY - ST - ZIP	V
TITLE		4.1 TITLE	FERRAVANTE, MICHAEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	ROUTE 309 NORTH BOX 4452
STREET ADDRESS		4.3 STREET ADDRESS	DRUMS, PA 18222
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 in the attached report with an address.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

4/20/95 717-788-6074