

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J29596			
1. Corporation Name E.G.G. COMPANY			
Principal Place of Business 11187 W COLONIAL DR OCOOEE FL 34761 US		Mailing Address 11187 W COLONIAL DR OCOOEE FL 34761 US	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date incorporated or Qualified 08/20/1986	
21	Suite, Apt. #, etc.	4. FEI Number 59-2706668	Applied For ☐ Not Applicable
22	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent DANFORD, BOBBY J. 15922 J & J DR TAVARES FL 32778		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0606, Florida Statutes.			
SIGNATURE _____ DATE _____			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DANFORD, BOBBY J.	1.1 TITLE	☐ Change ☐ Addition
NAME	15922 J & J DR	1.2 NAME	
STREET ADDRESS	TAVARES FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD DANFORD, MARIE	2.1 TITLE	☐ Change ☐ Addition
NAME	15922 J & J DR	2.2 NAME	
STREET ADDRESS	TAVARES FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bobby J. Danford

4-7-99 4078773288

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER, DIRECTOR, RECEIVER OR TRUSTEE

Date

Daytime Phone

CR2034 (1/98)