FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **461387** **(3)**

1. Corporation Name
E.G.M., INC.

Principal Place of Business	Mailing Address
17310 DARBY LN LUTZ FL 33549	17310 DARBY LN LUTZ FL 33549

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/19/1974**
3a. Date of Last Report: **03/08/1994**

2. Principal Place of Business	2a. Mailing Address
21 4707 W. Osborne Ave.	26 4707 W. Osborne Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa FL	City & State 28 Tampa FL
Zip 24 33614 / County 25 Hillsborough	Zip 29 33614 / County 30 Hillsborough

4. FEI Number: **59-1574109** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPICOLA JR., G C 504 PIERCE ST TAMPA FLORIDA	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VTD ☒ Change ☐ Addition
NAME	CAMPALONG, EUGENE T	1.2 NAME	Campolong, Eugene T.
STREET ADDRESS	17310 DARBY LN	1.3 STREET ADDRESS	4707 W. Osborne Ave.
CITY-ST-ZIP	LUTZ, FL 00000	1.4 CITY-ST-ZIP	Tampa FL 33614
TITLE	SD	2.1 TITLE	PSD ☒ Change ☐ Addition
NAME	CAMPALONG, GREGORY	2.2 NAME	Campolong, Gregory E.
STREET ADDRESS	17310 DARBY LN	2.3 STREET ADDRESS	4707 W. Osborne Ave.
CITY-ST-ZIP	LUTZ, FL 00000	2.4 CITY-ST-ZIP	Tampa FL 33614
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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Gregory E. Campolong Gregory E. Campolong 4/28/95 (813)879-9627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0246040 CP