

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  
Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90023 038 \*\*\*150.00

0115855

DOCUMENT # 581305

1. Corporation Name  
EAGLE DIVERSIFIED, INC.

Principal Place of Business  
525 CHASE HAMMOCK RD  
MERRITT ISLAND FL 32953

Mailing Address  
525 CHASE HAMMOCK RD  
MERRITT ISLAND FL 32953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1978

4. FEI Number

59-1870068

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5030 N. Courtenay Pkwy

Suite, Apt. #, etc.

22 City & State

23 Merritt Island FL

24 Zip Country

32953 25 Brevard

2a. Mailing Address

26 5030 N. Courtenay Pkwy

Suite, Apt. #, etc.

27 City & State

28 Merritt Island FL

29 Zip Country

32953 30 Brevard

9. Name and Address of Current Registered Agent

ELLIS, DELMAS R.  
540 CHASE HAMMOCK RD.  
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name JEAN ELLIS  
82 Street Address (P.O. Box Number is Not Acceptable)  
540 Chase Hammock Road  
83 Merritt Island, FL 32953  
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 Jean Ellis Sec. Treas.

3-31-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS ☐ DELETE

NAME ELLIS, JEAN  
STREET ADDRESS 540 CHASE HAMMOCK RD  
CITY-ST-ZIP MERRITT ISLAND, FL 00000

TITLE PD ☒ DELETE

NAME ELLIS, DELMAS  
STREET ADDRESS 540 CHASE HAMMOCK RD  
CITY-ST-ZIP MERRITT ISLAND, FL 00000

TITLE V ☒ DELETE

NAME LOVETT, CHESTER L  
STREET ADDRESS 800 LAKEWOOD CIRCLE  
CITY-ST-ZIP MERRITT ISLAND FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE President ☒ Change ☐ Addition

2.2 NAME JEAN ELLIS

2.3 STREET ADDRESS 540 Chase Hammock Road

2.4 CITY-ST-ZIP Merritt Island, FL 32953

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-99

407-453-2244

CDEN24-1110R