

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 24 AM 9:55

DOCUMENT # **F15939** (4)

1. Corporation Name  
**EAGLE PHOTOGRAPHICS, INC.**

Principal Place of Business  
**3612 SWANN AVENUE  
TAMPA FL 33609**

Mailing Address  
**3612 SWANN AVENUE  
TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE.

|   |  |  |  |
|---|--|--|--|
| 3. Date incorporated or Qualified<br><b>01/23/1981</b>  |  | 3a. Date of Last Report<br><b>01/25/1994</b>           |  |
| 4. FEI Number<br><b>59-2048758</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  |  | \$8.75 Additional Fee Required                         |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  |  | \$5.00 May Be Added to Fees                            |  |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |

|    |                                |    |                     |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address |
|    | Suite, Apt. #, etc.            |    | Suite, Apt. #, etc. |
| 22 | 22                             | 27 | 27                  |
|    | City & State                   |    | City & State        |
| 23 | 23                             | 28 | 28                  |
|    | Zip                            |    | Zip                 |
|    | Country                        |    | Country             |
| 24 | 24                             | 29 | 29                  |
|    | Country                        |    | Country             |

9. Name and Address of Current Registered Agent

**EAGLE, WILLIAM H, JR  
4319 CLEVELAND ST  
TAMPA, FL  
33609**

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   |

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                             |
|----------------|-----------------------------|
| TITLE          | <b>DST</b>                  |
| NAME           | <b>EAGLE, LINDSAY W</b>     |
| STREET ADDRESS | <b>4319 CLEVELAND ST</b>    |
| CITY-ST-ZIP    | <b>TAMPA, FL 00000</b>      |
| TITLE          | <b>DP</b>                   |
| NAME           | <b>EAGLE, WILLIAM H, JR</b> |
| STREET ADDRESS | <b>4319 CLEVELAND ST</b>    |
| CITY-ST-ZIP    | <b>TAMPA, FL 00000</b>      |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>Delete All</b>  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>q/p/s</b>   |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    | <b>33609</b>   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 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 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: *William H. Eagle Jr.* 1-11-95 813/870-2495

(Date) (Signature Phone #)