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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:22

DOCUMENT # F73644 (9)

1. Corporation Name

EAGLE FLAG, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
% EDWIN P. NEWBOULD ~~905A SE 14TH PLACE~~ CAPE CORAL FL 33990	% EDWIN P. NEWBOULD ~~905A SE 14TH PLACE~~ CAPE CORAL FL 33990

3. Date Incorporated or Qualified: 03/26/1982
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business	2a. Mailing Address
21 1206 S.E. 27TH TERRACE	26 1206 S.E. 27TH TERRACE
Suite, Apt. #, etc. 22 CAPE CORAL, FL	Suite, Apt. #, etc. 27 CAPE CORAL, FL
City & State 23 33904	City & State 28 33904
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-2184002 ☐ 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

NEWBOULD, EDWIN P.
~~905A SE 14TH PLACE~~
CAPE CORAL FL ~~33990~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1206 S.E. 27TH TERRACE
83
84 City: FL 85 Zip Code: 33904

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	☐ Change ☐ Addition
NAME	NEWBOULD, EDWIN P.	1.2 NAME	
STREET ADDRESS	1206 SE 27TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	NEWBOULD, BETTY	2.2 NAME	
STREET ADDRESS	1206 SE 27TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	NEWBOULD, PATRICK E.	3.2 NAME	
STREET ADDRESS	1206 SE 27TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ANDREWS, SUSAN A.	4.2 NAME	
STREET ADDRESS	17461 LEBANON ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	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: Betty Newbould 04-06-95 813-574-7098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BETTY NEWBOULD

0334235 CP