

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/9/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 26 AM 9:23

DOCUMENT # F84484 (7)

1. Corporation Name
GREAT EAGLE, INC.

Principal Place of Business Mailing Address
% CLAUDE C. FOCARDI 2310 STARKEY ROAD LARGO FL 34641

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/08/1982		3a. Date of Last Report 04/21/1994	
4. FEI Number 59-2201065		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing 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			
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FOCARDI, CLAUDE C. 2310 STARKEY ROAD LARGO FL 34641				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 fee 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOCARDI, CLAUDE C	1.2 NAME	D
STREET ADDRESS	2432 PELHAM RD N	1.3 STREET ADDRESS	RUBRIGHT, CRAIG A.
CITY - ST - ZIP	ST PETERSBURG, FL 00000 ZIP 33710	1.4 CITY - ST - ZIP	1811 WEATHERSTONE
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOCARDI, NINA	2.2 NAME	
STREET ADDRESS	2432 PELHAM RD N	2.3 STREET ADDRESS	SAFETY HARBOR, FL 34695
CITY - ST - ZIP	ST PETERSBURG, FL 00000 ZIP 33710	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, RICHARD	3.2 NAME	
STREET ADDRESS	14587 102ND AVE N	3.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO, FL 00000 ZIP 34644	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRINI, RONALD R.	4.2 NAME	
STREET ADDRESS	12851 ESTATE TERRACE S.	4.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL SEMINOLE, FL ZIP 34646	4.4 CITY - ST - ZIP	
TITLE	AD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOKOLOWSKI, CLAUDIA (AST)	5.2 NAME	
STREET ADDRESS	8341 144 LANE N.	5.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL ZIP 34646	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, DONALD	6.2 NAME	
STREET ADDRESS	49 BISHOP CREEK DR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	SAFETY HARBOR FL ZIP 34695	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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CRAIG A. Rubright Date: 6-9-95 Expires: 1/31/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)