

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 22 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **F84484** (7)

1. Corporation Name

GREAT EAGLE, INC.

Principal Place of Business

% CLAUDE C. FOCARDI
2310 STARKEY ROAD
LARGO FL 33771

Mailing Address

% CLAUDE C. FOCARDI
2310 STARKEY ROAD
LARGO FL 33771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1982

4. FEI Number

59-2201065

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Sulte, Apt. #, etc.

26 Sulte, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

FOCARDI, CLAUDE C.
2310 STARKEY ROAD
LARGO FL 33771

10. Name and Address of New Registered Agent

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

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 | D | <input type="checkbox"/> DELETE |
| NAME | RUBRIGHT, CRAIG A. | |
| STREET ADDRESS | 1011 WEATHERSTONE | 119 OZONA DRIVE |
| CITY-ST-ZIP | SAFETY HARBOR FL | PALM HARBOR, FL |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | FOCARDI, NINA | |
| STREET ADDRESS | 2432 PELHAM RD N | |
| CITY-ST-ZIP | ST PETERSBURG, FL | 00000 |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | BELL, RICHARD | |
| STREET ADDRESS | 14567 102ND AVE N | |
| CITY-ST-ZIP | LARGO, FL | 00000 |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | PETRINI, RONALD R. | |
| STREET ADDRESS | 12951 ESTATE TERRACE S. | |
| CITY-ST-ZIP | LARGO FL | |
| TITLE | ATD | <input type="checkbox"/> DELETE |
| NAME | SOKOLOWSKI, CLAUDIA (AST) | |
| STREET ADDRESS | 8341 144 LANE N. | |
| CITY-ST-ZIP | SEMINOLE FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | NELSON, DONALD | |
| STREET ADDRESS | 49 BISHOP CREEK DR. | |
| CITY-ST-ZIP | SAFETY HARBOR FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 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 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.

SIGNATURE:

CRAIG A. Rubright 7/7/98 (813) 584-8626

CR2E034 (5/98)