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Jan 27, 1999 8:00am  
Secretary of State

01-27-1999 90060 042 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F84484

1. Corporation Name  
GREAT EAGLE, INC.

Principal Place of Business

% CLAUDE C. FOCARDI  
2310 STARKEY ROAD  
LARGO FL 33771  
US

Mailing Address

% CLAUDE C. FOCARDI  
2310 STARKEY ROAD  
LARGO FL 33771  
US

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 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 ☐ DELETE

NAME D  
RUBRIGHT, CRAIG A.  
STREET ADDRESS 119 OZONA RIVE  
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ DELETE

NAME SD  
FOCARDI, NINA  
STREET ADDRESS 2432 PELHAM RD N  
CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE ☐ DELETE

NAME VD  
BELL, RICHARD  
STREET ADDRESS 14567 102ND AVE N  
CITY-ST-ZIP LARGO, FL 00000

TITLE ☐ DELETE

NAME VD  
PETRINI, RONALD R.  
STREET ADDRESS 12951 ESTATE TERRACE S.  
CITY-ST-ZIP LARGO FL

TITLE ☐ DELETE

NAME ATD  
SOKOLOWSKI, CLAUDIA (AST  
STREET ADDRESS 8341 144 LANE N.  
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ DELETE

NAME V  
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 #

CR2E034 (11/98)