

FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90091 035 ***150.00

DOCUMENT # F98000000104

1. Corporation Name
E. I. ACQUISITION CORP.



Principal Place of Business
1890 SOUTH 14TH STREET, SUITE 201
AMELIA ISLAND FL 32034

Mailing Address
1890 SOUTH 14TH STREET, SUITE 201
AMELIA ISLAND FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1998

4. FEI Number

52-2070869

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 2950 County Road 561

Suite, Apt. #, etc.

22 City & State
23 Tavares, FL

24 Zip Country

32778

2a. Mailing Address

26 2950 County Road 561

Suite, Apt. #, etc.

27 City & State
28 Tavares, FL

29 Zip Country

32778

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LONG, K. W
STREET ADDRESS 6501 ERDMAN AVENUE
CITY-ST-ZIP BALTIMORE MD 21201

☒ DELETE

TITLE V
NAME GIBBONS, WILLIAM P
STREET ADDRESS 1525 LEADER BUILDING
CITY-ST-ZIP CLEVELAND OH 44114-1444

☐ DELETE

TITLE S
NAME HAWKINS, CHERYL A
STREET ADDRESS 1890 SOUTH 14TH STREET, SUITE 201
CITY-ST-ZIP AMELIA ISLAND FL 32034

☒ DELETE

TITLE C
NAME FENNESSEY, JOHN J
STREET ADDRESS 1890 SOUTH 14TH STREET SUITE 201
CITY-ST-ZIP AMELIA ISLAND FL 32034

☐ DELETE

TITLE TD
NAME JUNG, JAMES D
STREET ADDRESS 222 EAST BROAD STREET
CITY-ST-ZIP GRANVILLE OH 43023

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President (P)
1.2 NAME Jerry Harrington
1.3 STREET ADDRESS 6501 Erdman Ave.
1.4 CITY-ST-ZIP Baltimore, MD 21201

☐ Change ☒ Addition

2.1 TITLE Vice President (V)
2.2 NAME Steven Self
2.3 STREET ADDRESS 2950 County Road 561
2.4 CITY-ST-ZIP Tavares, Florida 32778

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary 3/29/99
216-623-8000

CR2E034 (11/98)