

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

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **H07946**

(7)

1. Corporation Name

**EGH REALTY, INC.**

Principal Place of Business

**25525 HWY 46  
STE 1  
SORRENTO FL 32776  
US**

Mailing Address

**PO BOX 1515  
MT DORA FL 32757-1515  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 **32756-1515** 30

9. Name and Address of Current Registered Agent

**SWAUGER, MELVIN S  
25525 HWY 46  
#1  
SORRENTO FL 32776**

3. Date Incorporated or Qualified

**06/14/1984**

3a. Date of Last Report

**02/15/1996**

4. FEI Number

**59-2425842**

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

10. Name and Address of New Registered Agent

81 Name

**Kay Hill**

82 Street Address (P.O. Box Number is Not Acceptable)

**25525 Hwy 46**

83

84 City

**Sorrento**

**FL**

85 Zip Code

**32776**

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

*Kay W Hill*  
Signature, typed or printed name of registered agent and title if applicable

*Kay Hill*  
(NOTE: Registered Agent signature required when reinstating)

DATE

**4-27-97**

12. OFFICERS AND DIRECTORS

| TITLE | NAME            | STREET ADDRESS   | CITY - ST - ZIP | DELETE                              |
|-------|-----------------|------------------|-----------------|-------------------------------------|
| PD    | SWAUGER, MELVIN | 25525 HWY 46, #1 | SORRENTO FL     | <input type="checkbox"/>            |
| VS    | HILL, EUGENE    | 25525 HWY 46, #1 | SORRENTO FL     | <input type="checkbox"/>            |
| VT    | HILL, KAY W.    | 25525 HWY 46, #1 | SORRENTO FL     | <input checked="" type="checkbox"/> |
|       |                 |                  |                 | <input type="checkbox"/>            |
|       |                 |                  |                 | <input type="checkbox"/>            |
|       |                 |                  |                 | <input type="checkbox"/>            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change                              | Addition                            |
|-----------|----------|--------------------|---------------------|-------------------------------------|-------------------------------------|
|           |          |                    |                     | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|           |          |                    |                     | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/>            | <input type="checkbox"/>            |
|           |          |                    |                     | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/>            | <input type="checkbox"/>            |
|           |          |                    |                     | <input type="checkbox"/>            | <input type="checkbox"/>            |

14. I do 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:

*Sandra B. Mortham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0069779

CR2E034 (9/96)