

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 30, 1999 8:00 am
Secretary of State

04-30-1999 90084 030 ***150.00

DOCUMENT # H69917

1. Corporation Name
THE EGG & I, INC.

Principal Place of Business
C/O THE GROVE CITY MOTEL
2555 PLACIDA RD
ENGLEWOOD FL 34224-5460

Mailing Address
C/O THE GROVE CITY MOTEL
2555 PLACIDA RD
ENGLEWOOD FL 34224-5460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1985

4. FEI Number

59-2608705

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 *EGG & I, INC.* 2a. Mailing Address

21 *2551 PLACIDA RD.*

26 *EGG AND I, INC.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 *ENGLEWOOD, FL*

27 *2551 PLACIDA RD.*

City & State

City & State

23 *34224 CHARLOTTE*

28 *ENGLEWOOD, FL*

Zip Country

Zip Country

24 ☐ 25 ☐

29 *34224* 30 *CHAR.*

9. Name and Address of Current Registered Agent

COOPER, JERRY
C/O THE GROVE CITY MOTEL
2555 PLACIDA RD
ENGLEWOOD FL 34224

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

Jerry Cooper JERRY COOPER - PRES.

4/26/99

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 DP ☐ DELETE

NAME COOPER, JERRY
STREET ADDRESS 5039 ACKLEY TERR.
CITY-ST-ZIP PORT CHAR FL

TITLE VPD ☐ DELETE

NAME COOPER, SANDRA
STREET ADDRESS 5039 ACKLEY TERR
CITY-ST-ZIP PORT CHAR FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jerry Cooper JERRY COOPER - PRES.

4/26/99

941-475-6252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0469643