

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
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90069 006 ***158.75

DOCUMENT # K91316

1. Corporation Name
E.G.A., INC.

Principal Place of Business
PO BOX 30
OAK HILL FL 32759

Mailing Address
PO BOX 30
OAK HILL FL 32759



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1989

4. FEI Number

59-2948667

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

2a. Mailing Address

21 486 S. Hwy US #1
Suite, Apt. #, etc.

26 P.O. Box 30
Suite, Apt. #, etc.

22 City & State
Oak Hill, Fla.
23 Zip Country
32759 USA

27 City & State
Oak Hill, FL 32759
28 Zip Country
32759 USA

9. Name and Address of Current Registered Agent

WEBB, EVA L. EVA W. DOSS
256 SARGENT AVE.
OAK HILL FL 32759

10. Name and Address of New Registered Agent

81 Name (Same As Box 12)
82 Street Address (P.O. Box Number is Not Acceptable)
486 S. Hwy US #1
83
84 City Oak Hill FL 85 Zip Code 32759

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

Eva W. Doss

5-16-99

DATE

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|---------------|----------------|-------------|--------------------------|
| D | DOSS, EVA W | 486 S US 1 | OAK HILL FL | <input type="checkbox"/> |
| D | DOSS, GARY E. | 486 S US 1 | OAK HILL FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

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

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:

Eva W. Doss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-16-99 (904) 345-3716

CR2E034 (11/98)