FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

CITY-ST-ZIP

L74459

(3)

DOCUMENT # 1. Corporation Name EAGLE BLUEPRINT COMPANY

				T APPHOLICAL BALL APPAR BION GLADE DE	NA 1818 ATRICATOR BIBLIO BIBLIO BIBLIO BIBLIO BIBLIO
Principal Pla	ce of Business	Mailing Address			
C/O JANE : 4202 WEST TAMPA FL :	WATERS AVENUE	C/O JANE L. STRAKA 4202 WEST WATERS AN TAMPA FL 33614	/ENUE		
				 Date Incorporated or Qualified 05/18/1990 	
2. Principal F 21 422	Place of Business 23 W, WareRs	2a. Mailing Address		A CELLIA	04/20/1995
Suite, Ant			WATERS	59-3018695	Applied For Not Applicable
22	. ", 0.0.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Sta		City & State			Fee Required
23 7 A	MPA FL	28 TAMPA	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
^{Zip} 3 3 6	614 Country	Zip 33614	Country	8. This corporation has liability to	Added to Fees
	9. Name and Address of Current	Registered Agent	30 HILLS BORDVE	H Florida Statutes X Ye	s ∐No
		TOSIGIOU AGOIN	81 Name	10. Name and Address of New	Registered Agent
STRAKA, JANE L.				TRAKA, JAW Idress (P.O. Box Number is Not Accepta	e L.
4202 WEST WATERS AVENUE			82 Street Ad	Idress (P.O. Box Number is Not Accepta 23 W. WATERS	ble)
TAMPA	FL 33614		83	JO WINTERS	
}			84 City		
11 Purcuant	to the gradely of C			MPA	85 Zip Code
or register	red agent, or both, in the State of Florida	and 607,1508, Florida Statutes	, the above named corp	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of changing its registered office
1 .	The state of the conditions of Coccio	n 607.0505, Florida Statutes.	r by the corporation \$ Do	eard of directors. I hereby accept the app	ointment as registered agent. I am
SIGNATURE	Signature (specific printed name of registered agent) as	ka			
12.	OFFICERS AND	DIRECTORS (NOTE	Registered Agent signature requi		DATE
TITLE	D	DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OFF	
NAME	STRAKA, DONALD A.		1.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	4643 BAYCREST DR.		1.3 STREET ADDRESS		
DITY-ST-ZIP TITLE	TAMPA FL		1.4 CITY - ST - ZIP		
NAME	D STDAMA JANIE I	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	STRAKA, JANE L. 4643 BAYCREST DR.		22 NAME		
CITY - ST - ZIP	TAMPA FL		2.3 STREET ADDRESS		
TITLE	THE THE	DELETE	2.4 CITY - ST - ZIP		
NAME			3. 1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME 3.3. STREET ADDRESS		
CITY-ST-ZIP			3 4 DITY-ST-ZIP		
TITLE		☐ DELETE	4. 1 TITLE		Change Claim
NAME			4 2 NAME		☐ Change ☐ Addition
STREET ADDRESS			4.3 STREET ADDRESS		
City-St-ZiP			4.4 CITY-ST-ZIP		
NAME.		☐ DELETE	5 1 TITLE		Change Addition
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5.4 CITY-ST-ZIP		
NAME			6. 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			62 NAME		

6 3 STREET ADDRESS

64 CITY-ST-ZIP

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address. ATTACKED OF SIGNING OFFICER OR DIRECTOR SIGNATURE: 1/2

Dete