FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M93468** **(0)**

1. Corporation Name

EAGLE ONE INSURANCE & FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
C/O GAIL A. CONIGLIONE 4511 S.W. 6TH AVE. CAPE CORAL FL 33914 US	C/O GAIL A. CONIGLIONE ~~4511 S.W. 6TH AVE.~~ P.O. Box 32395 ~~CAPE CORAL FL 33914~~ US Palm Beach Gdns, Fl.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/04/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 32395
Suite, Apt. #, etc.
27
City & State
28 Palm Beach Gdns, Fl
Zip 29 33420-2395 Country 30 US

4. FEI Number: 65-0122352 ☐ 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

9. Name and Address of Current Registered Agent

GAIL A. CONIGLIONE
4511 SW 6TH AVENUE
CAPE CORAL FL 33914

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CONIGLIONE, GAIL A.	12 NAME	
STREET ADDRESS	4511 SW 6TH AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CONIGLIONE, FRANK	22 NAME	
STREET ADDRESS	4511 SW 6TH AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	FRAZZETTA, AGATHA	32 NAME	
STREET ADDRESS	44 MINNA ST.	33 STREET ADDRESS	
CITY-ST-ZIP	STATEN ISLAND NY	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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)(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: Gail A. Conigliore 4/11/95 407-745-9564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GAIL A. CONIGLIONE

0333717 CP