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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002302

1. Corporation Name

THE EGGER PRIVATE FOUNDATION, INC.

Principal Place of Business	Mailing Address
1330 MYERLEE COUNTRY CLUB BLVD. FT. MYERS FL 33919	1330 MYERLEE COUNTRY CLUB BLVD. FT. MYERS FL 33919

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/21/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0746709 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EGGER, JEWELL 1330 MYERLEE COUNTRY CLUB BLVD. FT. MYERS FL 33919	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE 1/6/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EGGER, JEWELL		1.2 NAME	
STREET ADDRESS	1330 MYERLEE COUNTRY CLUB BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EGGER, KENNETH L JR		2.2 NAME	
STREET ADDRESS	611 S MISSION		2.3 STREET ADDRESS	
CITY-ST-ZIP	MT PLEASANT MI 48858		2.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	EGGER, KIMBERLY IRENE		3.2 NAME	
STREET ADDRESS	2111 MONTEREY PARKWAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY GA 30350		3.4 CITY-ST-ZIP	
TITLE	DST	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	EGGER, KENNETH L		4.2 NAME	
STREET ADDRESS	14243 BALMORAL RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW MI 48192		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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 617, 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: _____ 2/26/99 941-482-1781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JEWELL EGGER, PRES.