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**May 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000034825 (8)

1. Corporation Name
EAGLE SERVICE CENTER, INC.



Principal Place of Business: **395 W DEARBORN ST ENGLEWOOD FL 34223**

Mailing Address: **395 W DEARBORN ST ENGLEWOOD FL 34223-3156**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/10/1993	04/11/1996
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		65-0406667	Not Applicable
24. Zip	Country	29. Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
MITCHELL, GERALD W 395 W DEARBORN ST ENGLEWOOD FL 34223				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MITCHELL, GERALD W 395 W DEARBORN ST ENGLEWOOD FL 34223				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: _____ (Signature, typed or printed name of registered agent, and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD MITCHELL, SANDRA L 552 NIGHTINGALE RD VENICE FL 34293	<input type="checkbox"/> DELETE	11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD MITCHELL, GERALD W 552 NIGHTINGALE RD VENICE FL 34293	<input type="checkbox"/> DELETE	12. NAME
STREET ADDRESS			13. STREET ADDRESS
CITY-ST-ZIP			14. CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			22. NAME
STREET ADDRESS			23. STREET ADDRESS
CITY-ST-ZIP			24. CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			32. NAME
STREET ADDRESS			33. STREET ADDRESS
CITY-ST-ZIP			34. CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42. NAME
STREET ADDRESS			43. STREET ADDRESS
CITY-ST-ZIP			44. CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52. NAME
STREET ADDRESS			53. STREET ADDRESS
CITY-ST-ZIP			54. CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Sandra L. Mitchell* SANDRA L. MITCHELL, 4/29/97 (941) 475-5004

CR2E034 (9/96)