

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000072623 (0)

1. Corporation Name

FLEAGO INDUSTRIES, INC.

Principal Place of Business

3185 VAN BUREN AVENUE
NAPLES FL 33962
US

Mailing Address

3185 VAN BUREN AVENUE
NAPLES FL 33962
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1993

4. FEI Number

65-0471967

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 or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 Seven Whipperwill Lane
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 7
Suite, Apt. #, etc.

City & State

23 Leicester NC
Zip Country

City & State

28 Leicester NC
Zip Country

24 28748-0007 25 US

29 28748-0007 30 US

9. Name and Address of Current Registered Agent

BOLDAK, DAVID H
444 PINE AVE.
NAPLES FL 33963 34108

(Zip Code change--only)

10. Name and Address of New Registered Agent

81 Name

DAVID H. BOLDAK

82 Street Address (P.O. Box Number is Not Acceptable)

444 Pine Avenue

83

84 City

Naples

FL

85 Zip Code
34108

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

TITLE D
NAME BOLDAK, DAVID H
STREET ADDRESS 444 PINE AVE.
CITY-ST-ZIP NAPLES FL 33963
☐ DELETE

TITLE D
NAME HAYES, THOMAS B
STREET ADDRESS 2100 BARKELEY LANE, C-9
CITY-ST-ZIP FT. MYERS FL 33907
☐ DELETE

TITLE D
NAME BOLDAK, JACKIE Y
STREET ADDRESS 444 PINE AVE
CITY-ST-ZIP NAPLES FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/Pres
1.2 NAME Boldak, David H.
1.3 STREET ADDRESS 444 Pine Ave.
1.4 CITY-ST-ZIP Naples FL 34108
☐ Change ☐ Addition

2.1 TITLE D/VPres
2.2 NAME Hayes, Thomas B.
2.3 STREET ADDRESS 2100 Barkeley Lane, C-9
2.4 CITY-ST-ZIP Ft. Myers FL 33907
☐ Change ☐ Addition

3.1 TITLE D/Sec'y-Treas.
3.2 NAME Boldak, Jackie
3.3 STREET ADDRESS 444 Pine Ave.
3.4 CITY-ST-ZIP Naples FL 34108
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

David H. Boldak

August 16th, '98 (828) 683-4546

CR2E034 (5/98)