

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95 \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

1995

DOCUMENT # P93000077605 (2)

EAGLES TRANSPORT, INC.

732 N HIGHLAND AVE
TARPON SPRINGS FL 34689
US

732 N HIGHLAND AVE
TARPON SPRINGS FL 34689
US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 27 PM 12:57

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9 Name and Address of Current Registered Agent

MAVRAKIS, ALEX
732 N HIGHLAND AVE
TARPON SPRINGS FL 34689

11/04/1993

06/10/1994

59-3211143

\$8.75 Additional
Fee Requested

\$5.00 (Max. Fee)
Applied to Fee

10 Name and Address of New Registered Agent

FL

PS
MAVRAKIS, ALEX
C/O 732 N HIGHLAND AVE
TARPON SPRINGS FL

CR2E034 (3/95)

SIGNATURE:

SIGNATURE AND TYPE OF OFFICE TO BE FILLED BY THE SIGNER OF THE RETURN ONLY

A. MAVRAKIS

E-22-75 813 442 7780

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

1995



DOCUMENT # P93000077917 (1)

LUIS E. BARRETO, P.A.

100 S. BISCAYNE BLVD
SUITE 1101
MIAMI FL 33131

100 S. BISCAYNE BLVD
SUITE 1101
MIAMI FL 33131

2. Filing Date: 11/09/1993		3. Date of Last Report: 02/17/1994	
4. FEE Number: 65-0449979		Applicant For: ☐ Not Applicant	
5. Certificate of Status Received: ☐		\$8.75 Additional Fee Required	
6. ☐		\$5.00 May Be Added to Fees	
8. ☐			
21. ☐	22. ☐	23. ☐	24. ☐
25. ☐	26. ☐	27. ☐	28. ☐
29. ☐	30. ☐		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARRETO, LUIS E
100 S. BISCAYNE BLVD.
SUITE 1101
MIAMI FL 33131

81. ☐	82. ☐	83. ☐	84. ☐	85. ☐
FL				

11. I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and that I am the duly authorized officer or agent of the corporation for the purpose of filing this statement with the Department of Banking and Finance, State of Florida.

12. ☐	13. ☐	14. ☐	15. ☐	16. ☐	17. ☐	18. ☐	19. ☐	20. ☐
D. BARETO, LUIS E 100 S. BISCAYNE BLVD., SUITE 1101 MIAMI FL 33131								
14. I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and that I am the duly authorized officer or agent of the corporation for the purpose of filing this statement with the Department of Banking and Finance, State of Florida.								

SIGNATURE:

[Signature]
DIRECTOR AND TYPE DIRECTOR'S NAME OF DIVISION OFFICE OR DIRECTOR

6/24/95

6/24/95

CR2E004 (3/95)