SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000020030 (0)

1. Corporation Name

GOLD EAGLE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5707 YATES ROAD LAKELAND FL 33811	5707 YATES ROAD LAKELAND FL 33811

3. Date Incorporated or Qualified: 03/10/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3230170 — ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1740 N. PARK AVE.	26 1740 N. PARK AVE.
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23 BARTOW, FL	City & State: 28 BARTOW, FL
Zip: 24 33830 — Country: 25	Zip: 29 33830 — Country: 30

9. Name and Address of Current Registered Agent

BIRGE, THOMAS A
5707 YATES ROAD
LAKELAND FL 33811

10. Name and Address of New Registered Agent

81 Name: BIRGE, THOMAS A.
82 Street Address (P.O. Box Number is Not Acceptable): 1740 N. PARK AVE.
83
84 City: BARTOW FL 85 Zip Code: 33830

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	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	BIRGE, THOMAS A		1.2 NAME	BIRGE, THOMAS A.	
STREET ADDRESS	5707 YATES RD		1.3 STREET ADDRESS	1740 N. PARK AVE.	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	VPS	☐ DELETE	2.1 TITLE	VPS	☒ Change ☐ Addition
NAME	BIRGE, RUTH		2.2 NAME	BIRGE, RUTH	
STREET ADDRESS	5707 YATES RD		2.3 STREET ADDRESS	1740 N. PARK AVE.	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	BARTOW, FL 33830	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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		

CR2E034 (3/96)

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)(k), 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.

SIGNATURE: Tom Birge — 7-16-96 — 941 534-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #