## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000037251

1. Corporation Name

EAGLE SETUP & SERVICES, INC.

Principal Place of Business	
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Mailing Address

## **FILED** Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90013 047 \*\*\*150.00



POLK CITY FL 33868	POLK CITY FL 33868 US		DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed 05/13/1994			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
1 10 Alabama Lane	26		59-3255350	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
city & State 3 Aubumaale, FL	City & State		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 4 33823 25 Polk	Zip Co 29 30	untry	This corporation owes the current year to Personal Property Tax.	ntangible ☐ Yes ☐ No		
9. Name and Address of Currer	t Registered Agent		10. Name and Address of New Registere	d Agent		
CDAIN DAVAD		81 Name		•		
SPAIN, DAVID 4540 COUNTRY TRAILS DR		82 Street Address (P.O. Box Number is Not Acceptable)				
POLK CITY FL 33868		83				
		84 City		. 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, 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, 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

City

agent. I a	n tamiliar with, and accept the obliga	tions of, Section 607.0505, Florida	a Statutes.					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	gistered Agent signature re	equired when reinstating)	<del>.</del> ,	DATE		
12.		D DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	SPAIN, DAVID		1.2 NAME					
STREET ADDRESS	4540 COUNTRY TRAILS DR	<i>/</i>	1.3 STREET ADDRESS			•		
CITY-ST-ZIP	POLK CITY FL 33868		1.4 CITY-ST-ZIP					
πιε	PreBidered	☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME	Sing Truend		2.2 NAME				ĺ	
STREET ADDRESS	1700 to Parkerst	<b>#4</b>	2.3 STREET ADDRESS				}	
CITY-ST-ZIP	1-9KE13-9-1-113	<u>33815</u>	2.4 CITY-ST-ZIP	هر پيم اوه د منځيو تريو مد د او اوو	· · · · · · · · · · · · · · · · · · ·			
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NAME			3.2 NAME		•		ĺ	
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	1:			l	
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE	,	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
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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 ADORESS			6.3 STREET ADDRESS					
CITY-ST-ZIP		the state Elizards as not available for th	6.4 C/TY+ST-ZIP	7	· · · · · · · · · · · · · · · · · · ·			

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 coporation 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, with all other like empowered.

SIGNATURE: