

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000064180 (0)

1. Corporation Name

EAGLE PRODUCTIONS, INC.



Principal Place of Business

3441 BAY MEADOW COURT
WINDERMERE FL 34786

Mailing Address

P.O. BOX 340
WINDERMERE FL 34786

3. Date Incorporated or Qualified

08/29/1994

3a. Date of Last Report

08/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0550275

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOWE, THOMAS M
3441 BAY MEADOW CT.
WINDERMERE FL 34786

81. Name

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

3441 Bay Meadow Ct.

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 (a printed name is acceptable)

(NOTE: Registered Agent signature required when amending)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD ☐ DELETE
NAME LOWE, THOMAS M
STREET ADDRESS P.O. BOX 340 N/A
CITY - ST - ZIP WINDERMERE FL 34786

TITLE VD ☐ DELETE
NAME LOWE, KERI K
STREET ADDRESS P.O. BOX 340 N/A
CITY - ST - ZIP WINDERMERE FL 34786

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1. TITLE ☐ Change ☐ Addition
12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP

2. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

3. TITLE ☐ Change ☐ Addition
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

4. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

5. TITLE ☐ Change ☐ Addition
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

6. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. CITY - ST - ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Keri K Lowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

(407)

876-6220

Date

Daytime Phone

CR2E034 (12/95)