

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000010829 (6)**

1. Corporation Name

**EAGLE VIDEO REPAIR, INC.**



Principal Place of Business

**7855 MOSS POINT TRAIL E.  
JACKSONVILLE FL 32244**

Mailing Address

**7855 MOSS POINT TRAIL E.  
JACKSONVILLE FL 32244**

2. Principal Place of Business

21 **10500 SAN JOSE BLVD**

Suite, Apt. #, etc.

22 **#10**

City & State

23 **JACKSONVILLE FL**

Zip

24 **32257**

Country

25 **USA**

2a. Mailing Address

26 **10500 SAN JOSE BLVD**

Suite, Apt. #, etc.

27 **#10**

City & State

28 **JACKSONVILLE FL**

Zip

29 **32257**

Country

30 **USA**

3. Date Incorporated or Qualified

**02/06/1995**

3a. Date of Last Report

4. FLI Number

**59-3296329**

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**FULLER, BARRY J  
2301 PARK AVENUE  
SUITE 404  
ORANGE PARK FL 32073**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0542 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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed in block in the space provided below.

Date of Signature

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	<b>P HAROLD G. RENTZ</b>
3. STREET ADDRESS	<b>5230 101ST ST</b>
4. CITY-ST-ZIP	<b>JACKSONVILLE, FL 32210</b>
5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	<b>V JOHN G. BUTLER</b>
7. STREET ADDRESS	<b>7855 MOSS POINT TRAIL, EAST</b>
8. CITY-ST-ZIP	<b>JACKSONVILLE, FL 32244</b>
9. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	<b>S/R RALPH ROWAND</b>
11. STREET ADDRESS	<b>RT 12, BOX 10-M</b>
12. CITY-ST-ZIP	<b>LAKE CITY, FL 32025</b>
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	<b>100001893001</b>
15. STREET ADDRESS	<b>-07/15/96--01006--034</b>
16. CITY-ST-ZIP	<b>***225.00</b>
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	<b>7-12-96</b>
19. STREET ADDRESS	<b>JP</b>
20. 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(4)(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: **Harold G. Rentz** **HAROLD G. RENTZ** **6/21/96** **904-262-6744**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)