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FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000074038 (7)

1. Corporation Name  
EGH AVIATION, INC.

Principal Place of Business  
25525 HWY. 46, SUITE ONE  
SORRENTO FL 32776

Mailing Address  
P.O. BOX 1515  
MOUNT DORA FL 32757-1515  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 32756-1515 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/25/1995

3a. Date of Last Report

02/13/1996

4. FEI Number

59-3337009

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

HILL, KAY W  
25525 HWY. 46, SUITE ONE  
SORRENTO FL 32776

10. Name and Address of New Registered Agent

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 607.0502 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

1.1 TITLE D  
1.2 NAME HILL, EUGENE G  
1.3 STREET ADDRESS 24037 WOLF BRANCH RD.  
1.4 CITY-ST-ZIP SORRENTO FL 32776

2.1 TITLE D  
2.2 NAME HILL, KAY W  
2.3 STREET ADDRESS 24037 WOLF BRANCH RD.  
2.4 CITY-ST-ZIP SORRENTO FL 32776

3.1 TITLE VP  
3.2 NAME HAMPTON, CAROLYN  
3.3 STREET ADDRESS 1700 EDGEWATER DR.  
3.4 CITY-ST-ZIP MOUNT DORA FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/C  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE P  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE V/D  
4.2 NAME Mike Hill  
4.3 STREET ADDRESS 2790 E. Crooked Lake Dr.  
4.4 CITY-ST-ZIP Eustis, FL 32726

5.1 TITLE T/D  
5.2 NAME Lance Hampton  
5.3 STREET ADDRESS 6861 Sylvan Woods Dr  
5.4 CITY-ST-ZIP Sanford, FL 32771

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)