

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

FILED  
Apr 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 32756-1515  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1995

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 2863 Flightline Ave

Suite, Apt. #, etc.

22 City & State

23 Sanford, FL

Zip

24 32773

Country

25 U.S.

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

81 Name

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

1206 Old Eustis Road

83

84 City  
Mt Dora

FL

85 Zip Code  
32757

10. Name and Address of New Registered Agent

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

TITLE SC ☐ DELETE

NAME HILL, EUGENE G  
STREET ADDRESS 24037 WOLF BRANCH RD.  
CITY-ST-ZIP SORRENTO FL

TITLE P ☐ DELETE

NAME HILL, KAY W  
STREET ADDRESS 24037 WOLF BRANCH RD.  
CITY-ST-ZIP SORRENTO FL

TITLE VD ☒ DELETE

NAME HILL, MIKE  
STREET ADDRESS 2790 E CROOKED LAKE DR  
CITY-ST-ZIP EUSTIS FL

TITLE TD ☐ DELETE

NAME HAMPTON, LANCE  
STREET ADDRESS 6861 SYLVAN WOODS CT  
CITY-ST-ZIP SANFORD FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1206 Old Eustis Road  
Mt Dora, FL 32757

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1206 Old Eustis Road  
Mt Dora, FL 32757

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

Lance Hampton

4-3-98

352-383-9008

CR2E034 (10/97)