

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 # P95000074039 (5)

1. Corporation Name

EGH CREDIT CORPORATION

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

59-3337006

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 18500 U.S. Hwy 441

Suite, Apt. #, etc

22 City & State

23 Mt. Dora, FL

Zip

24 32757

Country

25 U.S.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

30

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)

1206 Old Eustis Road

83

84 City

Mt. Dora

FL

85 Zip Code

32757

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

☐ DELETE

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

☐ DELETE

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

☒ DELETE

TITLE TD
NAME HAMPTON, LANCE
STREET ADDRESS 6861 SYLVAN WOODS DR
CITY-ST-ZIP SANFORD FL

☐ DELETE

TITLE V
NAME SLAGLE, MARK
STREET ADDRESS 1627 SW 30TH CT
CITY-ST-ZIP Ocala FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1206 Old Eustis Road

1.4 CITY-ST-ZIP

Mt. Dora, FL 32757

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

1206 Old Eustis Road

2.4 CITY-ST-ZIP

Mt. Dora, FL 32757

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

38240 Sabal Way

Umatilla, FL 32784

☒ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

[Signature]

4-3-98 351-383-9007

CR2E034 (10/97)