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May 09 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 # P95000074041 (1)

1. Corporation Name
EGH FINANCIAL SERVICES, INC.

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

Mailing Address
POST OFFICE BOX 1515
MOUNT DORA FL 32757-1515
US



3. Date Incorporated or Qualified 09/25/1995
3a. Date of Last Report 02/16/1996

4. FEI Number 59-3337007
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 32756-1515 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)
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HILL, EUGENE G	
STREET ADDRESS	24037 WOLF BRANCH RD.	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HILL, KAY W	
STREET ADDRESS	24037 WOLF BRANCH RD.	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HAMPTON, CAROLYN	
STREET ADDRESS	1700 EDGEWATER DRIVE	
CITY-ST-ZIP	MOUNT DORA FL	
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

11 TITLE	C/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Mike Hill	
43 STREET ADDRESS	2790 E. Crooked Lake Dr.	
44 CITY-ST-ZIP	Eustis, FL 32726	
51 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Lance Hampton	
53 STREET ADDRESS	6861 Sylvan Woods Dr.	
54 CITY-ST-ZIP	Sanford, FL 32771	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: STENADORE 4-29-97 352-383-9007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)