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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000092931 (1)

EAGLE INVESTMENT & RETIREMENT SYSTEMS, INC.

## **FILED** Mar 12 1998 8:00am Secretary of State



			·····			
Principal Place		Mailing Address			aana 1964 Bist Bist Sill Bill Bill Bill	
93-B ORANGE ST. 93-B ORANGE ST. ST. AUGUSTINE FL 32084						
SI. AUGUSTII	NE FL 32084	ST. AUGUSTINE FL 32084		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	- 11 11 10 01 1102	
				12/04/1995		
2. Principal P	lace of Business	2s. Mailing Address		4. FEI Number	Applied For	
21 25 010	d Mission Avenue	26 P.O. Box 407	77	59-3349622	Not Applicable	
Suite, Apt		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		6. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
	ugustine, FL	28 St. Augustine		Trust Fund Contribution	Added to Fees	
Zip	Country	7φ	Country	a. This corporation owes or has pa	terms terms	
24 32084	25 Name and Address of Curren		30	Personal Property Tax due June 10 Name and Address of New Re		
NA.	LL. CHARLES E JR.	it neglistered Agent	81 Name	10. Name and Address of New No	Aletered Afferit	
	B ORANGE ST.			Charles E. Hall, Jr.		
	AUGUSTINE FL 32084		82 Street Add	dress (P.O. Box Number is Not Acceptate Old Mission Ave.	ole)	
, J.	A00031111E FE 32004		83	5 Old Hibbion Ave.		
			84 City	St. Augustine	FL 85 Zip Code 32084	
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508. Florida Statutes	s, the above-named co	rooration submits this statement for the r	ourpose of changing its registered	
office or r	egistered agent, or both, in the State	of Florida, Such change was au	thorized by the corpora	rporation submits this statement for the pation's board of directors. I hereby acce	pt the appointment as registered	
	Charies E. Hali. Jr	Andres di, Section 607 (505) Los	ea dividuess		1/20/98	
SIGNATURE	Signature, typed or product name of regent test age		Registered Agent signature requ	uked when Teinslaling)	DATE	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE		Change Addition	
NAME	HALL, CHARLES E JR.		1.2 NAME			
STREET ADDRESS	3770 LAUREL ST.		1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL 32095		1.4 CITY - ST - ZIP			
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	HALL, LAURELLE A 3770 LAUREL ST.		2.2 NAME			
STREET ADDRESS	ST. AUGUSTINE FL 32095		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	51. AUGUSTINE PL 32083	DELETE	2 4 CITY - ST - ZIP 3.1 TITLE		Change Addition	
NAME		L. DELETE			C charge C Mullion	
STREET ADDRESS			3 2 NAME 3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CHTY-ST-ZIP		,	
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
THILE		☐ DELFTE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		-	
STREET ADDRESS			5 3 STREET ADDRESS		1	
CITY-ST-ZIP			5 4 CITY-ST-ZIP			
TITLE		Detete	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY+ST-ZIP			6.4 CiTY-ST-ZiP			

14. Thereby 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: