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CORPORATION ANNUAL REPORT



Sandra B. Morthair
Secretary of State DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # P96000010874 (1)

EAGLE CAPITAL OF POLK COUNTY, INC.

FILED Mar 24 1997 8:00am Secretary of State



Principal Place of Basiness	de of Basiness - Mailing Address					
570 SR 559 AUBURNDALE FL 33823	570 SR 559 AUBURNDALE FL 33823-9384	ı				
				3. Date Incorporated or Qualified 01/31/1996	3a. Date of Last	Report
2. Principa: Place of Busir ess	2a. Mailing Address			4. FEI Number		Applied For
H	26		59-335941		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 -	Additional Required
City & State	City & State	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing		May Be
3	28			Trust Fund Contribution		u may ≝e d to Fees
Zq1 Gountry	Zip	Country		This corporation has liability for intangible tax under s 199 032,		
4 25	. I		Florida Statutes			
9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
SUTTON, SUSAN		01	Name			
570 SR 559		82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
AUBURNDALE FL 33823		83	<u> </u>			
		ļ			Taal 5	
į		84	City		FL 85 Zip	o Code
office or registered agent, or both, in the State of agent. Fam familiar with, and accept the obligat SIGNATURE	of Florida, Such change was at hons of, Section 607,0505, Flor	uthorized b rida Statute	y the corpora s.	tion's board of directors. I hereby accep	ot the appointment a	is registered
Soprame ryak in a protest transport regels to a spe-			ent signature requ	red when reinstating)	DATE	55571.45
12. OFFICERS AND	DELETE	13.	T	ADDITIONS/CHANGES TO OFFIC	Change	
Tresident Sut	<u></u>	1 2 NAME			E.J. Onunga	
SECULADORES 570 BR 539	2		I ADDRESS			
altisia Awaumdale	1 EL 33833	1.4 CITY-	į.			
THEF	DELETE	2.1 TITLE			☐ Change	Addilio
NAME		2.2 NAME				
STREE ACCORNO			ADDRESS			
C.(1 S1 73P	DELETE	2 4 CITY- 3.1 TITLE	S1 - ZIP		Change	Addition
THEF NAME	L3 Dett it	3.2 NAME			و ما الله	, First Monthly
SIRH MOREN			T ADDRESS			
(IIY+S1-Z6)		3.4 CITY-	ST-ZIP			
TULE	DELETE	4.1 TITLE			☐ Change	Addition
NAME		4, 2 NAME				
SARA FADDRESS			T ADDRESS			
CHY 51 70	DELETE	4 4 Cily-	ST - 7IP		Change	Addition
FILE ACRES	FT) DEFECT	5 1 TITLE 5 2 NAME				. Ly Rudilloi
NAME STREET ADDRESS			T ADDRESS			
CHY-S1 Zer		5 4 Cily-				
HILE	DELETE	6 1 TITLE			Change	Addition
NAM:		62 NAME				
STREET ADDRESS		63 STREE	T ADDRESS			
City St Ze	1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	64 CITY-			n (f. mth no	at the
 I do hereby certify that the information supplied information in a cated on this annual report or su I am an officer or director of the corporation or 	upplemental annua: report is tre	ue and acc ered to exe	urate and tha	at my signature shall have the same lega	ıl effect as if made ι	inder oath; th