## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000013574 (4)

EAGLE INVESTMENTS INC. OF NORTH FLORIDA

## **FILED** Aug 26 1997 8:00am Secretary of State



| Principal Place<br>3012 WARMIN<br>JACKSONVILL   | ister Ct                               | 3012 \                   | Mailing Address 3012 WARMINSTER CT JACKSONVILLE FL 32225 |                     |          | DO NOT WRITE IN THIS SPACE                              |   |                                |                          |                |
|---|--|--------------------------|--|---------------------|----------|---|---|--------------------------------|--------------------------|----------------|
|   |  |                          |  |                     |          |   | 3. Date Incorporated or Qualified 02/13/1996  |                                | of Last F                | Report         |
| 2. Principal Pi   | ace of Business                        | 2a. Mai<br>26            | 2a. Mailing Address<br>26                                |                     |          | 4. FEI Number 59 - 8370100                              |   |                                | pplied For ot Applicable |                |
| Suite, Apt.   |  | 27                       |  |                     |          | 5. Certificate of Status Desired                        | ×   | \$8.75 Additional Fee Required |                          |                |
| City & State  |  | 28                       | <u> </u>   |                     |          | Election Campaign Financing     Trust Fund Contribution | Added to Fees   |                                |                          |                |
| Zip<br>24   | Country 25 9, Name and Address         | Zip<br>29                | Agent  | 30 Cou              | ntry<br> |   | 8. This corporation owes or has p     Personal Property Tax due Jun     10. Name and Address of New R | e 30. 🔲                        | Yes [                    | tangible<br>No |
| SIN   | IGLETARY, ROBERT D                     | or our one registered    | - Agoill   |                     | 81       | Name  | 10, Name and Address of New A   | egistereu A                    | 9111                     |                |
| 3012 WARMINSTER CT<br>JACKSONVILLE FL 32225   |  |                          |  |                     | 82       | Street Add  | dress (P.O. Box Number is Not Acceptable)   |                                |                          |                |
|   |  |                          |  |                     | 83       |   |   |                                |                          |                |
|   |  |                          |  | į                   | 84       | City  |   | FL                             | <b>85</b> Zip            | Code           |
| 11. Pursuant to the provisions of Soctions 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 epipicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |  |                          |  |                     |          |   |   |                                |                          |                |
| 12.   |  | CERS AND DIRECTOR        | · · · · · · · · · · · · · · · · · · ·                    | 13,                 | Agei     | ii zignaiore radi                                       | ADDITIONS/CHANGES TO OFFI   |                                | IRECTOF                  | RS IN 12       |
| TITLE   | PVD                                    |                          | DELETE   | 1.1 TIT             | LÉ       |   |   |                                | Change                   | Addition       |
| NAME  | SINGLETARY, ROBER                      |                          |  | 1.2 NA              | ME       |   |   |                                |                          |                |
| STREET ADDRESS  | 3012 WARMINSTER (<br>JACKSONVILLE FL 3 |                          |  |                     |          | ADDRESS   |   |                                | ļ                        |                |
| CITY-ST-ZIP<br>TITLE  | SHOUSDIANITE LE 2                      | CCCO                     | DELETE   | 1.4 CIT<br>2.1 TIT  |          | - ZIP   |   |                                | Change                   | Addition (     |
| NAME  |  |                          | octen  | 2.1 III<br>2.2 NA   |          |   |   | L                              | j Glange                 | ☐ X00III0II    |
| STREET ADDRESS  |  |                          |  |                     |          | ADDRESS   |   |                                |                          |                |
| CITY-ST-ZIP   |  |                          |  | 2 4 0               |          |   |   |                                |                          |                |
| TITLE   |  |                          | DELETE   | 3 1 TJT             |          |   |   | Ţ                              | Change                   | Addition       |
| NAME  |  |                          |  | 3.2 NA              | ME       |   |   |                                |                          |                |
| STREET ADDRESS  |  |                          |  | 3 3 ST              | REET #   | ADDRESS .   |   |                                |                          |                |
| CITY-ST-ZIP   | 125.1                                  |                          |  | 3.4. Cf             | [Y-\$1   | I-ZIP   |   |                                |                          |                |
| TITLE   |  |                          | ☐ DELETE   | 4.1 TiT             |          |   |   | L                              | J Change                 |                |
| NAME  |  |                          |  | 4. 2 NA             |          |   |   |                                |                          |                |
| STREET ADDRESS  |  |                          |  | 4                   |          | ADDRESS   |   |                                |                          |                |
| CITY-ST-ZIP<br>TITLE  |  | <del></del>              | DELETE   | 4.4 C/T<br>5.1 T/T  |          | - ZIP   |   |                                | Change                   | Addition       |
| NAME  |  |                          |  | 5.1 (III<br>5.2 NAI |          |   |   | L.                             | j Change                 | Addition       |
| STREET ADDRESS  |  |                          |  | 1                   |          | ADDRESS   |   |                                |                          |                |
| CITY-ST-ZIP   |  |                          |  | 5.4 CIT             |          |   |   |                                |                          |                |
| TITLE   |  |                          | DELETE   | 6.1 TIT             |          | - ¢IF   |   | <u>-</u>                       | Change                   | Addition       |
| NAME  |  |                          | <del>-</del>   | 6.2 NA              |          |   |   | -                              |                          |                |
| STREET ADDRESS  |  |                          |  |                     |          | ADDRESS   |   |                                |                          |                |
| CITY-ST-ZIP   |  |                          |  | 6.4 CIT             |          |   |   |                                |                          |                |
|   | y certify that the information         | supplied with this filir | ng does not qualit                                       |                     |          |   | ed in Section 119.07(3)(i), Florida Statuti   | es. I further c                | ertify 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 chapted, or on an attachment with an address.