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FILED
Apr 07 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 # P96000048355 (7)

1. Corporation Name

EAGLE CASTINGS, INC.

Principal Place of Business

100 NORTH TAMPA STREET
2150
TAMPA FL 33602

Mailing Address

100 NORTH TAMPA STREET
2150
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1996

4. FEI Number

APPLIED FOR

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 1901 N. 13TH STREET

Suite, Apt. #, etc.

22 100

City & State

23 TAMPA, FL

Zip

24 33605

Country

2a. Mailing Address

26 1901 N. 13TH STREET

Suite, Apt. #, etc.

27 100

City & State

28 TAMPA, FL

Zip

29 33605

Country

9. Name and Address of Current Registered Agent

STANTON, JOHN D
100 NORTH TAMPA STREET, SUITE 2150
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

CAREY, MICHAEL R.

82 Street Address (P.O. Box Number is Not Acceptable)

100 S. ASHLEY DRIVE, SUITE 1190

83

84 City

TAMPA

FL

85 Zip Code

33602

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

Michael R. Carey

MICHAEL R. CAREY

2/12/98

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 ☐ DELETE
NAME PTD
STREET ADDRESS STANTON, JOHN D
CITY-ST-ZIP 100 NORTH TAMPA STREET
TAMPA FL 33602

TITLE ☐ DELETE
NAME D
STREET ADDRESS HUGHES, RALPH W
CITY-ST-ZIP 6324 COUNTY RD 579
SEFFNER FL 33687

TITLE ☐ DELETE
NAME S
STREET ADDRESS SHUPTRINE, EDITH
CITY-ST-ZIP 6324 COUNTY RD 579
SEFFNER FL 33687

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME PTD
1.3 STREET ADDRESS STANTON, JOHN D.
1.4 CITY-ST-ZIP 1901 N. 13TH STREET, SUITE 100
TAMPA, FL 33605

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME D
2.3 STREET ADDRESS HUGHES, RALPH W.
2.4 CITY-ST-ZIP 1901 N. 13TH STREET, SUITE 100
TAMPA, FL 33605

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME S
3.3 STREET ADDRESS SHUPTRINE, EDITH
3.4 CITY-ST-ZIP 1901 N. 13TH STREET, SUITE 100
TAMPA, FL 33605

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Michael R. Carey

2/14/98

8/3/247-1952

CR2E034 (10/97)