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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

POCUMENT # P96000080610 (4)

EAGLE PRINTING OF LARGO, INC.

Mailing Address Principal Place of Business 1260 W. BAY DRIVE. #A 1260 W. BAY DRIVE. #A LARGO FL 33770-2249 LARGO FL 34640 3. Date Incorporated or Qualified 3a. Date of Last Report 09/26/1996 2. Principal Place of Business 26. Mailing Address 4. FEI Number Applied For 3395050 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional П 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Z_{1D} Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 Florida Statutes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MCCLELLAN, DAN 1260 W. BAY DRIVE, #A 82 Street Address (P.O. Box Number is Not Acceptable) **LARGO FL 34840** 83 84 City 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 Signature, typed or pented name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) ☐ Addition DELETE Change TITU 1.1 TITLE MCCLELLAN, DAN 1.2 NAME 1260 W. BAY DRIVE, #A 1.3 STREET ADDRESS STREET ADDRESS LARGO FL 34640 1.4 City-St-Zip CITY - ST - ZIP DELETE Change Addition 2.1 TOTLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CHY-SI-ZiP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-51-ZIP DELETE Change Addition TIFLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - \$1 - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-Z-P DELETE ☐ Addition Change 1.TLE 61 TITLE 62 NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 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 angular eport 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 (slock) if chapter 607, or on an attachment with an address.

SIGNATURE:

VATURE REQUIRED

FILED

Apr 29 1997 8:00am

Secretary of State