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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080610 (4)

EAGLE PRINTING OF LARGO, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1200 W. BAY DRIVE. #A 1260 W. BAY DRIVE, #A **LARGO FL 34640** LARGO FL 34640 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/26/1996 28. Mailing Address 26 1497 Main 2. Principal Place of Business 4. FEI Number Applied For 59-3395050 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country B. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MCCLELLAN, DAN 1260 W. BAY DRIVE. #A 82 Box Number is Not Acceptable) LARGO FL 34640 в3 84 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 (NOTE: Registered Agent signature required when reinstating) Signature: typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1,1 1111.6 MCCLELLAN, DAN NAME 1.2 NAME 497 Main St. #141 1260 W. BAY DRIVE, #A STREET ADDRESS 1.3 STREET ADDRESS **LARGO FL 34640** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ DELETE TITLE 4.1 TITLE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE 51 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIE 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 suppliemental 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

CIONATURE.

Dowidont Dan McClellan

4-78-98