

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

FILED

Feb 05 1998 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000065955 (1)

1. Corporation Name

EAU GALLIE TITLE LOANS, INC.

Principal Place of Business

3125 W. NEW HAVEN AVENUE, #200
MELBOURNE FL 32904-3533

Mailing Address

3125 W. NEW HAVEN AVENUE, #200
MELBOURNE FL 32904-3533

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1997

4. FEI Number

59-3463326

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

2a. Mailing Address

21 2740 Sarno Rd

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Melbourne FL

28 City & State

24 Zip

32935

25 Country

USA

29 Zip

26 Suite, Apt. #, etc.

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANFORD, J. SCOTT ESQ.
3125 W. NEW HAVEN AVENUE, #200
MELBOURNE FL 32904-3533

81 Name

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

83

84 City

FL

85 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FERRELL, DANA
3125 W. NEW HAVEN AVENUE, #200
MELBOURNE FL 32904-3533

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED

1-6-98

407-259-9116

CR2E034 (10/97)