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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000088529

SUSAN E. EGGLESTON, INC.

Principal Place of Business

Principal Place of Busine

615 RINGLING BLVD

ARASOTA FL 34237

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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46 N WASHINGTON BLVD. #1 SARASOTA FL 34236

## FILED Jun 29, 1999 8:00 am Secretary of State

06-29-1999 90009 002 \*\*\*550.00



SHESLER, VICKIE L 46 N WASHINGTON BLVD, #1 SARASOTA FL 34236

Country

9. Name and Address of Current Registered Agent

	10. Name and Ad	dress of New I	Registe	PEG A	gent	
81	Name PATTERSON, JO	HN		_		
82	Street Address (P.O. Box Number is Not Acceptable) 46 N. WASHINGTON BLVD., #1					
83		-		<b>;</b> 1		
84	CitySARASOTA			FI	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 appointment of the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a decept the appointment as registered agent. I am familiar with a decept the appointment as registered agent.

Country

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SIGNATURE			
	Signature, lymper printer name of expistered agent and title if applicable. (NOTE: R)  OFFICERS AND DIRECTORS	egistered Agent signature n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		1.1 TITLE	Change Addition
TILE			
IAMÉ	EGGLESTON, SUSAN E.	1.2 NAME	
STREET ADDRESS	2615 RINGLING BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addition
IAME		2.2 NAME	
TREET ADDRESS		2.3 STREET ADDRESS	and the second of the second o
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	
MLE	☐ DELETE	3.1 TITLE	. Change Addition
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CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	, Change Addition
NAME		4. 2 NAME	
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ITILE	DELETE	5.1 TITLE	☐ Change ☐ Addition
VAME		5.2 NAME	
STREET ADDRESS	•	5.3 STREET ADDRESS	
CITY-ST-Z#P		5.4 CiTY-ST-ZIP	
ITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME .		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
,,, u :- <del></del>			

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 aftachment with an address, with all other like empowered.

SIGNATURE:

LIGHATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

(941) 954-5549

Date :

Daytime Phone #

2E034 (11/98)