

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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90112 005 ***150.00

DOCUMENT # P98000008725

1. Corporation Name
EGG ENTERPRISES, INC.

Principal Place of Business
1811 ENGLEWOOD ROAD
ENGLEWOOD FL 34223

Mailing Address
1811 ENGLEWOOD ROAD
ENGLEWOOD FL 34223



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/28/1998

4. FEI Number
65-0817443

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAY, ELIZABETH
1811 ENGLEWOOD ROAD
ENGLEWOOD FL 34223

81 Name
Michael Gray
82 Street Address (P.O. Box Number is Not Acceptable)
6470 Mourning Dove Drive Apt 105
83
84 City Bradenton FL 85 Zip Code 34210

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 Gray MICHAEL GRAY PRESIDENT

4/10/99

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME GRAY, ELIZABETH
STREET ADDRESS 6470 MORNING DOVE DRIVE APT. 105
CITY-ST-ZIP BRADENTON FL 34210

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D, P, T ☐ Change ☒ Addition
1.2 NAME Michael Gray
1.3 STREET ADDRESS 6470 Mourning Dove Drive #105
1.4 CITY-ST-ZIP Bradenton, FL 34210

2.1 TITLE D, S ☐ Change ☒ Addition
2.2 NAME Lynn Wolford
2.3 STREET ADDRESS 612 50th St
2.4 CITY-ST-ZIP Bradenton, FL 34208

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Michael Gray MICHAEL GRAY - PRES 4/10/99 941-755-4669 941-792-6366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)