

DOCUMENT # P99000097841

**EAGLE AUTO SERVICE CENTER, INC.**

**FILED**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**01 SEP 27 PM 1:38**

~~FARMING SPRINGS, FL 32693~~

600494

Suite, Apt. #, etc.

Alt Town Fl

Country

Dixie

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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

U.S. Highway 19 South

City Old Town, FL

FL	Zip Code 32680
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The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida

Robert W. Dale

9-25-01

~~4-3-01~~

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when requesting

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00** May Be Added to Fees

## OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	H. DALE HERRING		
STREET ADDRESS	U.S. HIGHWAY 19 SOUTH		
CITY-ST-ZIP	OLD TOWN, FL. 32680		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TYPE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

NAME	700004627757-
STREET ADDRESS	-10/09/01--01006--00
CITY-ST-ZIP	*****61035*****
TITLE	

NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	

STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SP</b>
STREET ADDRESS	

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan Wilks* H. DALE HERRING  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-25-01 ~~352-463-7663~~  
~~1-3-01~~ 352-463-7663  
 Date 11/ (352) 463-7663

CR2E034 (10/00)