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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 16, 1999 8:00am

**Secretary of State** 

T PROGRADITÁRI AKARA TARIK KRAN GARAN TÁBI AKARI AKARI ÁRAN DIRAK BIRKI AKARI AKARI KARA

02-16-1999 90053 032 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V48201

EGGERS MAINTENANCE, INC.

Principal Place	e of Business	Mailing Address			•	1				#11 <b>6</b> 1611 W	INITE BINGI INDI
1047 HARBOR	LAKE DRIVE	1047 HARBOR LAKE DRIVE									
UNIT B		UNIT B									
SAFETY HARBO	OR FL 34695	SAFETY HARBOR FL 34695							N THIS SPA	CE	
						3. Date Inco 06/29/1	rporated or Qu 1992	ualifed			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Numb	ber			Api	olied For
21		26				59-3139	9227			No	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				- O-155-4-	-(OL-L D		\$	8.75 A	dditional
22		27				5. Certificate	of Status Des	ired _	٠.	Fee Re	quired
City & State	e	City & State				6. Election C	Campaign Fina	incing _		5.00	May Be
23		28				1	d Contribution	- 11	,	Added to	,
Zip	Country	Zip	Country	y		8. This corpo	oration owes th	ne current v	ear Intangit	ie	
24	25	29	30			1 '	Property Tax.		׊.		□No
	9. Name and Address of Current	<del></del>	<del>-,.,</del>			10. Name an	d Address of	New Regis	stered Ager	nt .	
	. 4		81	Nai	ne						
	ERS, CHARLES						· · · · · · · · · · · · · · · · · · ·		<u> </u>	٠.	
1047	HARBOR LAKE DR.		82	Stre	et Addres	ss (P.O. Box N	umber is Not A	Acceptable)	( )		
UNIT	Г <b>В</b>		83				**		1 5 - 484 18 74 1 7 2 1 3 3 1 4 4 1	<u>54 (.30 £</u> 54 (.30 £	5.1 3°5:: 105:
SAF	ETY HARBOR FL 34695					6.81	es il diffici				
			84	City	,				E1 85	Zip C	ŏde
44 400							hi	for the num		nina ita	raniatarad
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida. Such change was au	is, the abovithorized by	the c	orporation	ration submits the	ctors. I hereby	accept the	appointme	guig its nt as reg	istered
and the state of the state of											
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flor	ida Statutes	5.	•	•					,
SIGNATURE	m familiar with, and accept the obligati		ida Statutes	5.	•						,
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	ida Statutes	5.	ure required v	when reinstating)			ATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Age	5.	ure required v		S/CHANGES		RS AND DI		RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	ida Statutes	5.	ure required v		S/CHANGES		RS AND DI	RECTOI Change	<u> </u>
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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 changes, or or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

727-724-0588