

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathwam
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 MAY -1 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03212 (0)
1. Corporation Name
EAGLE INVESTMENT CORPORATION

Principal Place of Business Mailing Address
26116 COPIAPO CIRCLE 26116 COPIAPO CIRCLE
PORT CHARLOTTE FL 33983 PORT CHARLOTTE FL 33983

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/17/1980** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-2037083** 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 has liability for intangible tax under S. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
THOMAS, TRACY J.
201 W. MARION AVENUE, SUITE #205
PORT CHARLOTTE FL 33950

10. Name and Address of New Registered Agent
81 Name **Provencal, Thomas S**
82 Street Address (P.O. Box Number is Not Acceptable) **26116 Copiapo Circle**
83
84 City **Port Charlotte FL** 85 Zip Code **33983**

11. Pursuant to the provisions of Sections 607.0602 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 _____ DATE **4-8-95**
Signature (Print or Printed Name of Registered Agent and Title if Applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	PROVENCAL, TERRI
STREET ADDRESS	26116 COPIAPO CIRCLE
CITY - ST - ZIP	PORT CHARLOTTE FL
TITLE	POV
NAME	PROVENCAL, THOMAS S.
STREET ADDRESS	26116 COPIAPO CRCL
CITY - ST - ZIP	PT. CHARLOTTE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ DATE **4-8-95**
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR