

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K25635** (9)

1. Corporation Name
THE EAU GALLIE LAND COMPANY



Principal Place of Business: **249 N BABCOCK ST
501 CHARLES DR
MELBOURNE FL 32935
US**

Mailing Address: **% JOHN PAUL SESSA
501 CHARLES DR
MELBOURNE FL 32935**

3. Date Incorporated or Qualified: **06/06/1988** 3a. Date of Last Report: **03/27/1995**

4. FEI Number: **59-2936006** 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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 County

2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 County

9. Name and Address of Current Registered Agent: **SESSA, JOHN PAUL
501 CHARLES DR
MELBOURNE FL 32935**

81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0102 and 607.1308, 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
P	SESSA, JOHN PAUL 501 CHARLES DR MELBOURNE FL	<input type="checkbox"/> DELETE	
V	SESSA, BONNIE JEAN 501 CHARLES DR MELBOURNE FL	<input type="checkbox"/> DELETE	
S	SESSA, BONNIE JEAN 501 CHARLES DR MELBOURNE FL	<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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 supplier's 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 preattachment with an address.

SIGNATURE: *John Paul Sessa*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-96 (407) 254-9703

CR2E034 (12/95)