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May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N43725** **(3)**

1. Corporation Name

SEBRING EAGLES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1944 SEBRING FL 33871-1944	P.O. BOX 1944 SEBRING FL 33871-1944

3. Date Incorporated or Qualified: **06/04/1991**
3a. Date of Last Report: **02/16/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-3001227** ☐ 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

9. **Name and Address of Current Registered Agent**

PETERSON, JOHN
11501 US 27 S #1
SEBRING FL 33872

10. **Name and Address of New Registered Agent**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	PETERSON, JOHN		1.2 NAME	Peterson, John	
STREET ADDRESS	11501 US 27 S #1		1.3 STREET ADDRESS	11501 US 27 S #1	
CITY-ST-ZIP	SEBRING FL		1.4 CITY-ST-ZIP	Sebring, Fl, 33872	
TITLE	TS	☒ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME	WILLIAMS, LAMAR		2.2 NAME	Larry Murray	
STREET ADDRESS	3713 HOYT AVE.		2.3 STREET ADDRESS	7910 Cash ST	
CITY-ST-ZIP	SEBRING FL		2.4 CITY-ST-ZIP	Sebring, Fl. 33870	
TITLE	TS	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	FRALEY, JERRY		3.2 NAME	Larry Murray	
STREET ADDRESS	7520 TWITTY RD.		3.3 STREET ADDRESS	7910 Cash ST.	
CITY-ST-ZIP	SEBRING FL		3.4 CITY-ST-ZIP	Sebring, Fl. 33870	
TITLE	P	☒ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	RAGSDALE, WILLIAM		4.2 NAME	Robert Petree	
STREET ADDRESS	US 98		4.3 STREET ADDRESS	13012 US 98	
CITY-ST-ZIP	SEBRING FL		4.4 CITY-ST-ZIP	Sebring Fl. 33870	
TITLE	T	☒ DELETE	5.1 TITLE	T	☐ Change ☐ Addition
NAME	ALBERS, DENNIS		5.2 NAME	Albers Dennis	
STREET ADDRESS	1613 WILLOW RUN		5.3 STREET ADDRESS	1613 Willow Run	
CITY-ST-ZIP	SEBRING FL		5.4 CITY-ST-ZIP	Sebring Fl. 33872	
TITLE	TRST	☒ DELETE	6.1 TITLE	T	☐ Change ☒ Addition
NAME	GREENE, FRANK		6.2 NAME	Mourey Richard	
STREET ADDRESS	13012 U.S. 98 E		6.3 STREET ADDRESS	11501 US 27 S #5	
CITY-ST-ZIP	SEBRING FL 33870		6.4 CITY-ST-ZIP	Sebring, Fl. 33872	

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Larry Murray Larry Murray 4-15-97 941-655-4007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0054337