

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 536626

1. Corporation Name

GOLDEN EAGLE ENGINEERING CONTRACTORS, INC.

Principal Place of Business

1302 N.W. 33RD STREET  
POMPANO BCH FL 33064

Mailing Address

1302 N.W. 33RD STREET  
POMPANO BCH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1977

4. FEI Number

59-1753446

Applied For

Not Applicable

5. Certificate of Status Desired ☒ X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 307 S. Washington Ave.

Suite, Apt. #, etc.

22 City & State

23 Titusville, FL

24 32796 25 Brevard

2a. Mailing Address

26 307 S. Washington Ave.

Suite, Apt. #, etc.

27 City & State

28 Titusville, FL

29 32796 30 Brevard

9. Name and Address of Current Registered Agent

CALLIGAN, BRIAN A  
1302 N.W. 33RD STREET  
POMPANO BCH FL 33064

10. Name and Address of New Registered Agent

81 Name  
Heather Calligan

82 Street Address (P.O. Box Number is Not Acceptable)  
307 S. Washington Ave.

83

84 City  
Titusville

85 Zip Code  
FL 32796

11. Pursuant to the provisions of Sections 607.0502 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 Heather Calligan CPT

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

(NOTE: Registered Agent signature required when re-registering)

04/08/99

12. OFFICERS AND DIRECTORS

TITLE VS ☐ DELETE

NAME CALLIGAN, BRIAN A.  
STREET ADDRESS 1302 N.W. 33RD STREET  
CITY-ST-ZIP POMPANO BEACH FL

TITLE CPT ☐ DELETE

NAME CALLIGAN, HEATHER H.  
STREET ADDRESS 1302 N.W. 33RD STREET  
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VS ☒ Change ☐ Addition

1.2 NAME Calligan, Brian A.  
1.3 STREET ADDRESS 307 S. Washington Ave.  
1.4 CITY-ST-ZIP Titusville, FL 32796

2.1 TITLE CPT ☒ Change ☐ Addition

2.2 NAME Calligan, Heather H.  
2.3 STREET ADDRESS 307 S. Washington Ave.  
2.4 CITY-ST-ZIP Titusville, FL 32796

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/99

Date

(407) 385-0440

Daytime Phone #

CR2E034 (11/98)

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

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