FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:07

DOCUMENT # H63500 (3)

1. Corporation Name
EAGLE MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
~~8650 BAYPINE ROAD~~ ~~100~~ ~~JACKSONVILLE FL 32256~~ ~~US~~	~~P.O. BOX 23309~~ ~~P.O. BOX 23309~~ ~~JACKSONVILLE FL 32241-3309~~ ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/01/1985
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21 ~~Eagle Management Group~~
Suite, Apt. # 22 1720 Kingsley Ave, Suite 17
City 23 Orange Park FL 32073 ~~904-278-8500 FAX-278-2754~~
Zip 24 Country 25

2a. Mailing Address
26 Eagle Management Group
Suite, Apt. # 27 1720 Kingsley Ave, Suite 17
City & State 28 Orange Park FL 32073 ~~904-278-8500 FAX-278-2754~~
Zip 29 Country 30

4. FEI Number: 59-2546467 ☐ 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

FITZPATRICK, JACK R.
2251 ELDERBERRY CT
ORANGE PARK FL 32073

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 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 _____ DATE
Signature of new registered agent (if applicable) (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	FITZPATRICK, JACK R.	1.2 NAME	
STREET ADDRESS	2251 ELDERBERRY CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY-ST-ZIP	
TITLE	VTS	2.1 TITLE	☐ Change ☐ Addition
NAME	FITZPATRICK, JUDY R.	2.2 NAME	
STREET ADDRESS	2251 ELDERBERRY CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I/We 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)(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 above, or on an attachment with an address.

SIGNATURE: Jack R. Fitzpatrick Jack R. Fitzpatrick 2/3/95 904-278-8500
SIGNATURE AND TYPE OR PRINT NAME OF DIRECTOR OR OFFICER OR AUTHORIZED AGENT — DATE — DAYTIME TELEPHONE #

0024070 CP