

463500

EAGLE MANAGEMENT GROUP, INC.
1726 KINGSLEY AVE.
SUITE 17
ORANGE PARK, FLA. 32073

400002110884--6
-03/12/97--01032--004
*****35.00 *****35.00

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

FILED
 97 MAR 28 AM 7:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RA Chg.

VS MAR 31 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 19, 1997

EAGLE MANAGEMENT GROUP, INC.
1726 KINGSLEY AVE., STE. 17
ORANGE PARK, FL 32073

SUBJECT: EAGLE MANAGEMENT GROUP, INC.
Ref. Number: H63500

We have received your document for **EAGLE MANAGEMENT GROUP, INC.** and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can only designate one registered agent, please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 697A00013804

RECEIVED
97 MAR 28 AM 9:08
DIVISION OF CORPORATIONS

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Eagle Management Group, Inc.
2. The mailing address of the corporation is: 1726 Kingsley Avenue, Suite 17
Orange Park, FL 32073
3. Date of incorporation/qualification: 07/01/85 Document number: H63500 (FEI # 59-2546467)
4. The name and address of the current registered agent and office:

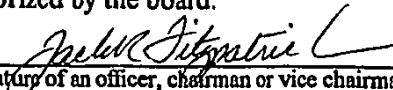
Jack R. Fitzpatrick, 2251 Elderberry Ct.
Orange Park, FL 32073
Eagle Management Group, Inc.

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)


Darrell A. and Kathryn E. Coppock
Eagle Management Group, Inc.
1726 Kingsley Avenue, Suite 17
Orange Park, FL 32073

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

 2/24/97
(Signature of an officer, chairman or vice chairman of the board) (Date)
JACK R. FITZPATRICK, PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process of the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

 3/10/97 -- 3/10/97
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

H63698

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: E.L.M. Electric, Inc. EIN or SS#: 59-2585602

Address: P.O. Box 815
Elfers, Florida 34680-0815

Amount: 225 Date Paid 8-8-96

Reason for claim: H63698 duplicate filing
of the AR

Certified true and correct this 10 day of March, 19 97.

Signature E.L.M. Electric

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 225

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. 971669 dated 8-8-96

Name of Account 4520213000145300000000010000

Statutory Authority for Collection 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT: 45202130001453000000022002000

Certified true and correct this _____ day of _____, 19 _____

Department of State, Division of Corporations
(Agency)

(Authorized Signature and Title)