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 JAN 18 PM 3:47

DOCUMENT # J56689 (9)

1. Corporation Name
EGGEN BROTHERS, INC.

Principal Place of Business	Mailing Address
932 SO DIXIE HWY LAKE WORTH FL 33460 US	932 SO DIXIE HWY LAKE WORTH FL 33460 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/10/1987
3a. Date of Last Report: 01/24/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 59-2758590 ☐ 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

EGGEN, MARK
1205 12TH AVE S
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name: MARK EGGEN
82 Street Address (P.O. Box Number is Not Acceptable): 932 South Dixie Hwy
83:
84 City: LAKE WORTH FL 85 Zip Code: 33460

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: (Signature of new registered agent, if being changed) (DATE) (Registered Agent signature required when instructed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CTP	11 TITLE		☐ Change ☐ Addition
NAME	EGGEN, MARK	12 NAME		
STREET ADDRESS	3004 VINCENT RD	13 STREET ADDRESS		
CITY ST ZIP	WEST PALM BEACH FL	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	EGGEN, TIM	22 NAME		
STREET ADDRESS	1581 KUDZA ROAD	23 STREET ADDRESS		
CITY ST ZIP	WEST PALM BEACH FL	24 CITY ST ZIP		
TITLE	DV	31 TITLE		☐ Change ☐ Addition
NAME	EGGEN, JOE	32 NAME		
STREET ADDRESS	1607 MEADOWS CIR	33 STREET ADDRESS		
CITY ST ZIP	LANTANA FL	34 CITY ST ZIP	33462	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	EGGEN, PHIL	42 NAME		
STREET ADDRESS	1543 IVILE TONIA DR	43 STREET ADDRESS		
CITY ST ZIP	WEST PALM BEACH FL	44 CITY ST ZIP		
TITLE	DS	51 TITLE		☐ Change ☐ Addition
NAME	EGGEN, DAN	52 NAME		
STREET ADDRESS	726 SNOWDEN DR	53 STREET ADDRESS	196 HENNING DR.	
CITY ST ZIP	LAKE WORTH FL	54 CITY ST ZIP	W. P. B. FL. 33406	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 any attachment with an address.

SIGNATURE: Pres. Mack Eggen — 1-12-95 — (407) 582-2245
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Mack Eggen

0260058 CP