

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90113 042 ***150.00

0118078

DOCUMENT # J81882

1. Corporation Name
FIRST EAGLE CORPORATION

Principal Place of Business
531 INDIAN HARBOR ROAD
VERO BEACH FL 32963
US

Mailing Address
531 INDIAN HARBOR DRIVE
VERO BEACH FL 32963
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/07/1987

4. FEI Number
59-2834147

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

O'HAIRE, MICHAEL
3111 CARDINAL DRIVE
VERO BEACH FL 32963

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME MORRISON, JOHN T
STREET ADDRESS 531 INDIAN HARBOR RD
CITY-ST-ZIP VERO BEACH FL 32963

TITLE DST ☐ DELETE
NAME MORRISON, BARBARA M
STREET ADDRESS 531 INDIAN HARBOR RD
CITY-ST-ZIP VERO BEACH FL

TITLE D ☐ DELETE
NAME HAIRE, SHAWN M
STREET ADDRESS 3804 MCGIRTS BLVD
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D ☐ DELETE
NAME WILLIAMS, LYNN M
STREET ADDRESS 531 INDIAN HARBOR RD
CITY-ST-ZIP VERO BEACH FL 32963

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 DP ☒ Change ☐ Addition
1.2 NAME John J. Morrison
1.3 STREET ADDRESS Morrison, John J.
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Lucie, Sharon M
3.3 STREET ADDRESS 3935 Ortega Blvd.
3.4 CITY-ST-ZIP Jacksonville, FL 32210

4.1 TITLE Director ☒ Change ☐ Addition
4.2 NAME Lynn M. Wittling
4.3 STREET ADDRESS 531 Indian Harbor Rd.
4.4 CITY-ST-ZIP Vero Beach, FL 32963

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

John J. Morrison

2-5-99 561-231-2967

Date

Daytime Phone #

CR2E034 (11/98)