

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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9/11/94 11:39

FLORIDA
DIVISION OF CORPORATIONS

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K18068** (2)

1. Corporation Name

EAGLE MOTORS, INCORPORATED

Principal Place of Business

% ALLAN S. BOUGHNER
505 E VINE ST.
KISSIMMEE FL 34744

Mailing Address

% ALLAN S. BOUGHNER
505 E VINE ST.
KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/14/1988	3a. Date of Last Report 04/13/1994
4. FEI Number 59-2823542	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
6. This corporation has liability for intangible tax under S. 199 (32), Florida Statutes ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent	
BOUGHNER, ALLAN S. 2555 KARI DRIVE KISSIMMEE FL 34744	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. State
85. Zip Code	

10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. State
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0602 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, thereby accept the appointment as registered agent. I am familiar with and accept the regulations of Section 607.0602, Florida Statutes.

SIGNATURE

(Signature of Officer or Director)

(Signature of Registered Agent or Agent in Charge)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	P BOUGHNER, ALLAN S.	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	505 E VINE ST	2. STREET ADDRESS	
3. CITY, STATE, ZIP	KISSIMMEE FL 34744	3. CITY, STATE, ZIP	
4. NAME	V BOUGHNER, JUDY K.	4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	505 E. VINE ST.	5. STREET ADDRESS	
6. CITY, STATE, ZIP	KISSIMMEE FL 34744	6. CITY, STATE, ZIP	
7. NAME	ST WILBUR, KIM M	7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS	505 E. VINE ST.	8. STREET ADDRESS	
9. CITY, STATE, ZIP	KISSIMMEE FL 34744	9. CITY, STATE, ZIP	
10. NAME		10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, STATE, ZIP		12. CITY, STATE, ZIP	
13. NAME		13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, STATE, ZIP		15. CITY, STATE, ZIP	
16. NAME		16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY, STATE, ZIP		18. CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the laws of the State of Florida. I further certify that this information is not used as the basis for any governmental action or request for funds and awards and that my signature shall have the same legal effect as if made in person. I am familiar with and accept the regulations of the Division of Corporations and the Department of State. I am familiar with and accept the regulations of Chapter 222, Florida Statutes, and that my name appears in Block 1 of Block 1 of the filing as an officer or director of the corporation.

SIGNATURE:

Allan Boughner

(Signature and Typed or Printed Name of Signing Officer or Director)

4-28-95

