

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K93957**

(4)

1. Corporation Name

EAGLE MOUNTAIN SYSTEMS, INC.



Principal Place of Business

**815 S. VOLUSIA AVE. #1A
ORANGE CITY FL 32763**

Mailing Address

**BOX 740381
ORANGE CITY FL 32774-0381**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FORTNER, KENNETH, W
125 E EAST VILLA CAPPI CIR.
DELAND FL 32724**

3. Date Incorporated or Qualified

06/08/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2957906

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

10. Name and Address of New Registered Agent

81 Name

KENNETH W. FORTNER

82 Street Address (P.O. Box Number is Not Acceptable)

210 BUNKER CT

83

84 City

DEBARY

FL

85 Zip Code

32713

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 for all other filers)

(If filer is Registered Agent, signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVD** ☐ DELETE
NAME **FORTNER, KENNETH W.**
STREET ADDRESS **125 E. VILLA CARRI CIR.**
CITY-ST-ZIP **DELAND FL 32724**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **PVD** ☒ Change ☐ Addition
1.2 NAME **FORTNER, KENNETH W.**
1.3 STREET ADDRESS **210 BUNKER CT**
1.4 CITY-ST-ZIP **DEBARY FL 32713**

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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)(k), 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.

SIGNATURE:

KEN FORTNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 **904-775-1162**
DATE Official Phone #

CR2E034 (12/95)