

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L14784 (7) 1. Corporation Name EAGLE SYSTEMS, INC.					
Principal Place of Business 10036 SAWGRASS DR W P O BOX 1802 PONTE VEDRA BEACH FL 32004 US			Mailing Address KENNETH CREWS 1612 BRIAN WAY ST. AUGUSTINE FL 32066-9202		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 10036 Sawgrass Dr. W. Suite, Apt. #, etc. 22 P.O. Box 1802 City & State 23 Ponte Vedra Bch, FL Zip 24 32082		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 ST. Johns		3. Date Incorporated or Qualified 09/07/1989 4. FEI Number 59-2975817 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent CREWS, KENNETH 1612 BRIAN WAY ST. AUGUSTINE FL 32084			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		
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 filed applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. PD CREWS, KENNETH 1612 BRIAN WAY ST AUGUSTINE FL 2. VD COPELAND, RICHARD 1612 BRIAN WAY ST AUGUSTINE FL 3. VD DRAPER, HAROLD 1618 BRIAN WAY ST AUGUSTINE FL 4. STD DRAPER, STEVE 1618 BRIAN WAY ST AUGUSTINE FL 5. ☐ DELETE 6. ☐ DELETE 7. ☐ DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 100002536511 -05/27/98--01046--016 ***150.00		
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.					

CR2E034 (10/97)

SIGNATURE:

[Handwritten Signature]

4/29/98

Apr 285-9181