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
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90058 049 ***150.00

DOCUMENT # L14784

1. Corporation Name
EAGLE SYSTEMS, INC.

Principal Place of Business	Mailing Address
10036 SAWGRASS DR W P O BOX 1802 PONTE VEDRA BEACH FL 32004 US	%KENNETH CREWS 1612 BRIAN WAY ST. AUGUSTINE FL 32086-9202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1989

4. FEI Number: 59-2975817 ☐ 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	2a. Mailing Address
21 10036 Sawgrass DR. W.	26
Suite, Apt. #, etc. 22 P.O. Box 1802	Suite, Apt. #, etc. 27
City & State 23 Ponte Vedra Bch, FL	City & State 28
Zip / Country 24 32004 25 ST. Johns	Zip / Country 29 30

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CREWS, KENNETH		1.2 NAME		
STREET ADDRESS	1612 BRIAN WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL 32086		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COPELAND, RICHARD		2.2 NAME		
STREET ADDRESS	1612 BRIAN WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL 32086		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DRAPER, HAROLD		3.2 NAME		
STREET ADDRESS	1618 BRIAN WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL 32086		3.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DRAPER, STEVE		4.2 NAME		
STREET ADDRESS	1618 BRIAN WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL 32086		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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] VD 4/26/99 904 285-9181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #