

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P30005 (3)

1. Corporation Name

EAGER/OLIVO ARCHITECTS, INC.



Principal Place of Business

Mailing Address

EAGER/OLIVO ARCHITECTS, INC.  
4610 JUDSON ROAD  
LONGVIEW TX 75605  
US

EAGER/OLIVO ARCHITECTS  
P. O. BOX 1562  
LONGVIEW TX 75606  
US

3. Date Incorporated or Qualified 06/28/1990	3a. Date of Last Report 04/07/1995
4. FEI Number 75-2038057	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Eager/Olivo Architects, Inc.	Eager/Olivo Architects, Inc.	75-2038057	Not Applicable
22. 4610 Judson Road	27. P. O. Box 1562	5. Certificate of Status Desired	<input type="checkbox"/>
23. Longview, Texas	28. Longview, Texas	6. Election Campaign Financing	<input type="checkbox"/>
24. 75605	29. 75606	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Gregg	30. Gregg		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAINES, CARL A., JR.  
5311 HOPEDALE DRIVE  
TAMPA FL 33624

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: *Carl A. Gaines, Jr.* CARL A. GAINES, JR. 3.8.96  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAGER, MICHAEL A.	1.2 NAME	
STREET ADDRESS	2904 N. FOURTH ST #101	1.3 STREET ADDRESS	4610 Judson Rd.
CITY-ST-ZIP	LONGVIEW TX 75605	1.4 CITY-ST-ZIP	Longview, TX 75605
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVO, BROCK	2.2 NAME	
STREET ADDRESS	2904 N. FOURTH ST #101	2.3 STREET ADDRESS	4610 Judson Rd.
CITY-ST-ZIP	LONGVIEW TX 75605	2.4 CITY-ST-ZIP	Longview, TX 75605
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, 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 a change of address.

SIGNATURE: *Brock Olivo* Brock Olivo  
2-6-96 903 663-5533  
Date Daytime Phone #

CR2E034 (12/95)