


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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90126 008 ***150.00

0034334

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P92000010739**

1. Corporation Name

SILVER EAGLE CONSTRUCTION, INC.



Principal Place of Business 3710 SPRING PARK ROAD JACKSONVILLE FL 32207	Mailing Address 3710 SPRING PARK ROAD JACKSONVILLE FL 32207
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1239 ROGER RD Suite, Apt. #, etc.		2a. Mailing Address 26 1876 CHRISTOPHER PT RD N. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/10/1992	
22 City & State 23 JACKSONVILLE FLORIDA Zip Country 24 32211 25 DUVAL		27 City & State 28 JACKSONVILLE FLORIDA Zip Country 29 32217 30 DUVAL		4. FEI Number 65-0375352 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Additional Fee Required \$8.75		9. May Be Added to Fees \$5.00			

9. Name and Address of Current Registered Agent

**BARLEY, DAVID P SR.
10920 BUGGY WHIP DR.
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent

81 Name GERALD BEVIS
82 Street Address (P.O. Box Number is Not Acceptable) 1876 CHRISTOPHER PT RD N.
83
84 City JACKSONVILLE
85 Zip Code FL 32217

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

Gerald Bevis
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LASEMAN, R.M.		1.2 NAME GL BEVIS	
STREET ADDRESS 8439 VERMANTH RD.		1.3 STREET ADDRESS 1876 CHRISTOPHER PT RD N.	
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP JACKSONVILLE FLORIDA	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TITONI, JOHN A		2.2 NAME	
STREET ADDRESS 3835 ROSETREE		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARRY, MARY		3.2 NAME	
STREET ADDRESS 2466 SEDGEWICK PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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:

Gerald Bevis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-99

904 955 2783

CR2E034 (11/98)