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

PROFIT
CORPORATION
ANNUAL REPORT

1997

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

3



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 21 1997 8:00am

Secretary of State

Change

Addition

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P93000012504 (5)

EAGLE COMMUNICATION SERVICES, INC.

## Principal Place of Business Mailing Address <del>1880 OLD TIMUQUANA RO</del>AD 5860 OLD TIMUOUANA ROAD CUITE 0 SUITE 8 JACKSONVILLE FL-92210 JAOKSONVILLE FL 32210-7877 U\$ US 3. Date Incorporated or Qualified 3a. Date of Last Report 02/18/1993 04/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1909 DEBARRY Sulte, Apt. #, etc. P.O. Box 958 59-3166689 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be MANGE 23 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Griffin, Terry L **5860 OLD TIMUQUANA ROAD** Street Address (P.O. Box Number is Not Acceptable) 82 SUME 8 83 JACKGONVILLE FL 32210 84 CityORANGE Zip Code 31.273 named corporation submits this statement for the purpose of changing its registered opporation's board of directors. I hereby accept the appointment as registered Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statut office or registered agent, or both, in the State of Florida. Such change was agent. I am familiar with, and accept the obligations of, Section 607.0505, I to SIGNATURE TEARY L GRIFFIN, grature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 96/6) DELETE Change Addition TITLE 1.1 TITLE GRIFFIN, TERRY L NAME 1.2 NAME 5000 OLD TIMUQUANA RD SUITE 8 1909 DEBANAY AUE STREET ADDRESS 1.3 STREET ADDRESS CHANGE PK, FZ 32073 JACKSONVILLE FL 92210-CITY-ST-ZIP 1.4 CITY - \$1 - 2IP DELETE Change Addition TITLE 2.1 TITLE PASSWATER, CHERYL NAME 2.2 NAME STREET ADORESS 2142 AZALEA LANE 2.3 STREET ADDRESS ORANGE PARK FL 32073 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TOLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CHTY - ST - 7IP DELETE Change Addition TITLE 4 1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. I do 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.

SIGNATURE:

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE