

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 21, 1999 8:00 am
Secretary of State

04-21-1999 90135 034 ***150.00

DOCUMENT # P93000058184

1. Corporation Name

EAGLE OIL CORPORATION

Principal Place of Business

PO DRAWER 8
DOCTORS INLET FL 32030
US

Mailing Address

PO DRAWER 8
DOCTORS INLET FL 32030
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1993

4. FEI Number

59-3206094

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

LEWIS, RICHARD M.
225 WATER ST.
SUITE 1800
JACKSONVILLE FL 32201

10. Name and Address of New Registered Agent

81 Name

Smith Hulsey & Busey

82 Street Address (P.O. Box Number is Not Acceptable)

225 Water Street, Suite 1800

83

84 City

Jacksonville

FL

85 Zip Code
32202

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

By: *Richard M. Lewis*

Signature, typed or printed name of registered agent and then applying for

NOTE: Registered Agent signature required when reinstating

DATE

March 19, 1999

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	ASHBY, GEORGE JR.	
STREET ADDRESS	42 SLEEP HOLLOW ROAD	
CITY-ST-ZIP	DOCTORS INLET FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	EYRICK, PETER	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	
CITY-ST-ZIP	DOCTORS INLET FL	
TITLE	VP C	<input type="checkbox"/> DELETE
NAME	GAINEY, TONI	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	
CITY-ST-ZIP	DOCTORS INLET FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KOSCIANSKI, MARILYN	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	
CITY-ST-ZIP	DOCTORS INLET FL	
TITLE	RDM	<input type="checkbox"/> DELETE
NAME	BENDER, STEVEN	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	
CITY-ST-ZIP	DOCTORS INLET FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Richard M. Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/99

Daytime Phone #

CR2E034 (11/98)