

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  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90086 040 \*\*\*150.00

DOCUMENT # P93000070512

1. Corporation Name

AMERICAN EAGLE HOMEBUILDERS, INC.

Principal Place of Business

7751 BELFORT PARKWAY  
SUITE 350  
JACKSONVILLE FL 32256  
US

Mailing Address

P O BOX 16068  
JACKSONVILLE FL 32245  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1993

4. FEI Number

59-3204728

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 10161 Centurion Pkwy N

Suite, Apt. #, etc.

22 # 190

City & State

23 Jacksonville, FL

Zip

24 32256

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

SAME

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

SIMON, BERT C  
1660 PRUDENTIAL DRIVE  
SUITE 203  
JACKSONVILLE FL 32207

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE DPT  
NAME BURR, EDWARD E  
STREET ADDRESS 7751 BELFORT PARKWAY, STE. 350  
CITY-ST-ZIP JACKSONVILLE FL

TITLE DV  
NAME LAYTON, GLENN R  
STREET ADDRESS 7751 BELFORT PARKWAY, STE. 350  
CITY-ST-ZIP JACKSONVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE DPT  
1.2 NAME Burr, Edward E  
1.3 STREET ADDRESS 10161 Centurion Pkwy North #190  
1.4 CITY-ST-ZIP Jacksonville, FL 32256

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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:

Signature and typed or printed name of signing officer or director

Edward E. Burr 4/23/99 (904) 998-8300

Date

Daytime Phone #

CR2E034 (11/98)

0047959