

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 # P95000048066 (1)

1. Corporation Name

EAGLE CONSTRUCTION OF TREASURE COAST, INC.



Principal Place of Business

8563 S FEDERAL HWY
PT ST LUCIE FL 34952

Mailing Address

8563 S FEDERAL HWY
PT ST LUCIE FL 34952

3. Date Incorporated or Qualified

06/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2013 SE HANFORD RD

26 2013 SE HANFORD RD

4. FEI Number

65-0566472

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

23 PORT ST LUCIE, FL

28 PORT ST LUCIE, FL

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24 Zip

Country

29 Zip

Country

24 34952

25 ST. LUCIE

29 34952

30 ST. LUCIE

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLANCY, THERESA J
2013 SE HANFORD RD
PT ST LUCIE FL 34952

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

Theresa J. Clancy

Theresa J. Clancy

1-19-96

Signature of person authorized to change registered agent and the corporation

(If not, Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME BUZA, PETER L
STREET ADDRESS 781 SE STARFLOWER AVE
CITY, ST, ZIP PT ST LUCIE FL 34983

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME CLANCY, MICHAEL D JR
STREET ADDRESS 2013 SE HANFORD RD
CITY, ST, ZIP PT ST LUCIE FL 34952

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME CLANCY, THERESA J
STREET ADDRESS 2013 SE HANFORD RD
CITY, ST, ZIP PT ST LUCIE FL 34952

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME BUZA, ANN
STREET ADDRESS 781 SE STARFLOWER AVE
CITY, ST, ZIP PT ST LUCIE FL 34983

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY, ST, ZIP

5.4 CITY, ST, ZIP

TITLE

6.1 TITLE

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 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:

Michael D. Clancy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

(407) 398 9384

DATE

Daytime Phone #

CR2E034 (12/95)