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PROFIT CORPORATION ANNUAL REPORT **1997**

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	Mailing Address
2013 SE Hanford Rd. PT ST LUCIE FL 34952 US	2013 SE HANFORD RD. PT ST. LUCIE FL 34952-8863 US

3. Date Incorporated or Qualified: 06/15/1995
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business	2a. Mailing Address
21 781 SE STARFLOWER AVE	26 781 SE STARFLOWER AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PT ST LUCIE, FL	28 City & State: PORT ST LUCIE, FL
24 Zip: 34983 25 Country: USA	29 Zip: 34983 30 Country: USA

4. FEI Number: 65-0566472 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: ANN C. BUZA
82 Street Address (P.O. Box Number is Not Acceptable): 781 SE STARFLOWER AVE.
83
84 City: PT. ST. LUCIE FL 85 Zip Code: 34983

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: Ann C. Buza — ANN C. BUZA (Signature, typed or printed name of registered agent and title, if applicable) — (NOTE: Registered Agent signature required when reinstating) — DATE: 4/29/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUZA, PETER L. 781 SE STARFLOWER AVE. PT ST LUCIE, FL 34983	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLANCY, MICHAEL D JR 2013 SE HANFORD RD PT ST. LUCIE, FL 34983	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V/D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLANCY, THERESA J. 2013 SE HANFORD RD. PT ST. LUCIE, FL 34952	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUZA, ANN C. 781 SE STARFLOWER AVE PORT ST. LUCIE, FL 34952	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S/T/D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	800002165388 -05/05/97--01025--020 ***165.00	☐ Change ☐ Addition

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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: Ann C. Buza — ANN C. BUZA — 4/27/97 — (561) 878-6119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #