

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

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Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000028143 (1)

1. Corporation Name
EAGLE CONTRACTING SERVICES, INC.



Principal Place of Business 4457 MCINTOSH PARK DRIVE, #12 SARASOTA FL 34232	Mailing Address 4457 MCINTOSH PARK DRIVE, #12 SARASOTA FL 34232-6572
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3. Date Incorporated or Qualified 03/25/1996	3a. Date of Last Report N/A
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2. Principal Place of Business 21 515 36th Street W. Suite, Apt. #, etc. 22 Suite C City & State 23 Bradenton, FL Zip 24 34205	2a. Mailing Address 26 4990 LINWOOD ST. Suite, Apt. #, etc. 27 City & State 28 Sarasota, FL Zip 29 34232	4. FEI Number 65-0672003 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

SIDERS, W. KEN
4457 MCINTOSH PARK DRIVE, #12
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name Siders, W. Ken	82 Street Address (P.O. Box Number is Not Acceptable) 4990 LINWOOD ST.	83	84 City Sarasota	85 State FL	86 Zip Code 34232
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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 **W. KEN SIDERS**

DATE **4-06-97**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIDERS, W. KEN		1.2 NAME Siders, W. Ken	
STREET ADDRESS 4457 MCINTOSH PARK DRIVE, #12		1.3 STREET ADDRESS 4990 Linwood St.	
CITY-ST-ZIP SARASOTA FL 34232		1.4 CITY-ST-ZIP Sarasota, FL 34232	
TITLE 	<input type="checkbox"/> DELETE	2.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		2.2 NAME 	
STREET ADDRESS 		2.3 STREET ADDRESS 	
CITY-ST-ZIP 		2.4 CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE	3.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		3.2 NAME 	
STREET ADDRESS 		3.3 STREET ADDRESS 	
CITY-ST-ZIP 		3.4 CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE	4.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		4.2 NAME 	
STREET ADDRESS 		4.3 STREET ADDRESS 	
CITY-ST-ZIP 		4.4 CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE	5.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		5.2 NAME 	
STREET ADDRESS 		5.3 STREET ADDRESS 	
CITY-ST-ZIP 		5.4 CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE	6.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: **W. Ken Siders** *W. Ken Siders*

DATE **4-06-97** (941) 746-4545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)