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Feb 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000041818 (1)

1. Corporation Name  
EAGLE EQUIPMENT CORP.

Principal Place of Business  
9131 COLLEGE PARKWAY STE 138  
BOX 101  
FORT MYERS FL 33919

Mailing Address  
9131 COLLEGE PARKWAY STE 138  
BOX 101  
FORT MYERS FL 33919-4827



3. Date Incorporated or Qualified  
05/15/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29 30

4. FEI Number

65-0702883

Applied For

Not Applicable

6. 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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name Don L. Hissam

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

1937 Grace Ave

83

84 City Fort Myers

FL

85 Zip Code 33901

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 Don L. Hissam

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

DON L. HISSAM

(NOTE: Registered Agent signature required when reinstalling)

2/12/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME COPELAND, JIM  
STREET ADDRESS 9131 COLLEGE PARKWAY STE 138 BOX 101  
CITY-ST-ZIP FORT MYERS FL 33919

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Don L. Hissam  
1.3 STREET ADDRESS 1937 Grace Ave  
1.4 CITY-ST-ZIP Fort Myers, FL 33901

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 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: Don L. Hissam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97 (941) 939-0661

Date

Daytime Phone #

CR2E034 (9/96)