2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 17, 2000 8:00 am Secretary of State DOCUMENT # P98000010587 EAGLE ENGINEERING OF AMERICA, INC. 04-17-2000 90125 039 ***150.00 Principal Place of Business Mailing Address 7 SHADY LANE SHADY LANE MARY ESTHER FL 30067-1402 ESTHER FL 32569 PERFORMAN 2. Principal Place of Business lowers Ferry RD. 2000 Powers DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3508304 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent THACKSTON, JAMES D Street Address (P.O. Box Number is Not Acceptable) 7 SHADY LANE MARY ESTHER FL 32569 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE TITLE THACKSTON, JAMES D NAME 335¢ George Busbee Pkwy Kennesaw GA 3¢144 NAME STREET ADDRESS STREET ADDRESS 7 SHADY LANE CITY-ST-ZIP CITY-ST-7IP MARY ESTHER FL 32569 Addition Change ☐ Delete TITLE TITLE BRENNAN, JOHN J JR NAME NAME STREET ADDRESS STREET ADDRESS 2659 BAY ST CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32561** Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/7/00 (770) 989-7420

☐ Change

Addition