2000 UNIFORM BUSINESS REPORT (UBR) Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **P99000072761** EAGLE DEVELOPMENT & INVESTMENT, INC. 03-15-2000 90116 033 ***150.00 Principal Place of Business Mailing Address 1007 JENKS AVENUE 1007 JENKS AVENUE PANAMA CITY FL 32401-2474 PANAMA CITY FL 32401 3. Mailing Address 2. Principal Place of Business BRAnch Rd. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAMM, W. GERALD Street Address (P.O. Box Number is Not Acceptable) 1007 JENKS AVENUE PANAMA CITY FL 32401 Zip Code City FL 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. President / Secretary ☐ Delete TITLE TITLE TONY Highfield NAME 1350 BRANCH Road STREET ADDRESS STREET ADDRESS CITY-ST-7IP Bishop, Ga. 30621-1729 CITY-ST-ZIP ☐ Change Addition Delete TITLE V.P. / Treasurer TITLE Judy H. Highfield 1350 Bennich Road NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Bishop, Ga. 3064-1729 ☐ Addition ☐ Change ☐ Delete TIT! F TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: PROSIDENT

TOWN H-SIGNAPORE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-7IP

March 11, 2000 706-

106-169-1251

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