

DOCUMENT # S82662

1. Entity Name
EAGLE ELECTRICAL SERVICE, INC.

Principal Place of Business Mailing Address
3218 RAINES ST 3875 BAYWIND DR
PENSACOLA FL 32506 PENSACOLA FL 32561
US US

2. Principal Place of Business 3. Mailing Address
3875 BAYWIND DR 3875 BAYWIND DR
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
GULF BREEZE, FL GULF BREEZE, FL
Zip Country Zip Country
32561 Santa Rosa 32561 USA

6. Name and Address of Current Registered Agent
WILSON, KENNETH G.
718 N 79TH AVE
PENSACOLA FL 32506

7. Name and Address of New Registered Agent
Name LEWIS STONE
Street Address (P.O. Box Number is Not Acceptable)
3875 BAYWIND DR
City GULF BREEZE FL Zip Code 32561

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 Kenneth Wilson KENNETH WILSON 1/6/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution ☐ Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, LEWIS		NAME		
STREET ADDRESS	3875 BAYWIND DR		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, KENNETH G.		NAME		
STREET ADDRESS	3218 RAINES ST		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

SIGNATURE: Lewis Stone LEWIS STONE - PRES. 1/6/01 850-934-1754
Signature and typed or printed name of signing officer or director Date Daytime Phone #

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90002 003 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3082390 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E034 (10/00)