FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED SECRETARY OF STATE

DOCUMENT # V17046 (6)

1. Corporation Name
EAGLE FINANCIAL SERVICES INC.

Principal Place of Business
1601 N PALM AVENUE, SUITE 200
PEMBROKE PINES FL 33026
US

Mailing Address
1601 N PALM AVENUE, SUITE 200
PEMBROKE PINES FL 33026
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1992
3a. Date of Last Report: 10/10/1994

2. Principal Place of Business
21 1601 N. PALM AVENUE
Suite, Apt. #, etc
22 STE. 300
City & State
23 PEMBROKE PINES, FL
Zip
24 33026
Country
25 USA

2a. Mailing Address
26 1601 N. PALM AVE.
Suite, Apt. #, etc
27 STE # 300
City & State
28 PEMBROKE PINES, FL
Zip
29 33026
Country
30 USA

4. FEI Number: 65-0309593 ☐ Applied For ☐ Not Applicable

5. 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

TAYLOR, MICHAEL
14837 NW 7TH AVE
MIAMI FL 33168

10. Name and Address of New Registered Agent

81 Name ELAINE PATTERSON
82 Street Address (P.O. Box Number is Not Acceptable)
83 1601 N. PALM AVENUE
84 City PEMBROKE PINES FL 85 Zip Code 33026

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: Elaine Patterson
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. Date

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PATTERSON, ELAINE
STREET ADDRESS	3621 WASHINGTON AVE
CITY ST ZIP	COOPER CITY FL
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Elaine Patterson Elaine Patterson 2/20/95 (305) 433-8114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0066727 CP