FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

6-5-96 6-6719 -C

DOCUMENT # **V44005** (9)

1. Corporation Name
EAGLE CONSTRUCTORS, INC.

Principal Place of Business
~~1500 LEISURE LANE~~
~~ST. GEORGE ISLAND FL 32328~~
~~US~~

Mailing Address
~~1234 TIMBERLANE RD~~
~~TALLAHASSEE FL 32308~~

2. Principal Place of Business
21 235 Gulf Beach Drive
Suite, Apt. #, etc.
22 —
City & State
23 St. George Island, Fl.
Zip
24 32328
Country
25 USA

2a. Mailing Address
26 235 Gulf Beach Drive
Suite, Apt. #, etc.
27 —
City & State
28 St. George Island, Fl.
Zip
29 32328
Country
30 USA

3. Date Incorporated or Qualified
06/16/1992

3a. Date of Last Report
04/27/1995

4. FEI Number
59-3129512
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
~~JOHNSON, BEN~~
~~1234 TIMBERLANE ROAD~~
~~TALLAHASSEE FL 32312~~

10. Name and Address of New Registered Agent
81 Name: Morris Palmer
82 Street Address (P.O. Box Number is Not Acceptable): 235 Gulf Beach Drive
83
84 City: St. George Island FL 85 Zip Code: 32328

11. Pursuant to the provisions of Section [illegible] Florida Statutes, the undersigned [illegible] hereby accepts the appointment as registered agent and agrees to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE: Morris Palmer 5-28-96

12. OFFICERS AND DIRECTORS

TITLE	DST	☒ DELETE
NAME	JOHNSON BEN	
STREET ADDRESS	1234 TIMBERLANE RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	P	☐ DELETE
NAME	PALMER, MORRIS	
STREET ADDRESS	1234 TIMBERLANE RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1. TITLE	☐ Change ☐ Add
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
2. TITLE	☐ Change ☐ Add
2. NAME	
2. STREET ADDRESS	
2. CITY-ST-ZIP	
3. TITLE	☐ Change ☐ Add
3. NAME	
3. STREET ADDRESS	
3. CITY-ST-ZIP	
4. TITLE	☐ Change ☐ Add
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Add
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	
6. TITLE	☐ Change ☐ Add
6. NAME	
6. STREET ADDRESS	
6. CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the above information is accurate and complete and that I am familiar with and accept the obligations of my position as officer or director of a Florida corporation. I further certify that the information indicated on this report or supplemental report is true and accurate and that my corporation shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above or I have listed below and/or attached my name, title and address.

SIGNATURE: Morris Palmer 5-28-96 927-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR