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

CR2E034 (12/95)

DOCUMENT # 677687 (6)

1. Corporation Name

EAGLE-ILLINOIS FARM CORP.

Principal Place of Business: ~~3728 PHILLIPS HWY 39 JACKSONVILLE FL 32207~~

Mailing Address: ~~3728 PHILLIPS HWY 39 JACKSONVILLE FL 32207~~

3. Date Incorporated or Qualified	07/07/1980
3a. Date of Last Report	04/27/1995
4. FEI Number	59-2008582
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

2. Principal Place of Business
21 First Mid-Illinois Bank & Trust, Attn: Mark C. Cox
22 1515 Charleston Ave
23 City & State: Mattoon, Il
24 Zip: 61938
25 Country: USA

2a. Mailing Address
26 Same as 2.
27 Suite, Apt #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

PHILLIPS, PHILIP B JR
3728 PHILLIPS HWY 39
JACKSONVILLE, FL
32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PDT	☐ DELETE
NAME	PHILLIPS, PHILLIP B JR	
STREET ADDRESS	3728 PHILLIPS HWY 39	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	S	☐ DELETE
NAME	RICKS, ALEX J	
STREET ADDRESS	~~1660 PRUDENTIAL DR #203~~	
CITY-ST-ZIP	~~JACKSONVILLE, FL 00000~~	
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 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	255 N. Liberty St.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32202	
3.1 TITLE	Director	☐ Change ☑ Addition
3.2 NAME	Dr. Claus Stauder	
3.3 STREET ADDRESS	c/o Phillip B. Phillips, Jr. 3728 Philips Hwy #39	
3.4 CITY-ST-ZIP	Jacksonville, FL 32211	
4.1 TITLE	Director	☐ Change ☑ Addition
4.2 NAME	Rolf Stauder	
4.3 STREET ADDRESS	c/o Philip B. Phillips, Jr. 3728 Philips Hwy #39	
4.4 CITY-ST-ZIP	Jacksonville, FL 32211	
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: Alex J. Ricks 2/13/96 (904) 359-0221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Alex J. Ricks