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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 677687

(6)

EAGLE-ILLINOIS FARM CORP.

FILED Feb 06 1997 8:00am Secretary of State

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US  2. Principal Flace of Business 2. A Main Address 3. Date Incorporation of Countries On O2/19/39 Short O2/19		NOIS BANK & TRUST ITON AVE., ATTN: MARK C. COX	Mailing Address FIRST MID-ILLNOIS BANI 1515 CHARLESTON AVE. MATTOON IL 61938-3932	., attn: Mari	C. COX	E 195 110 E1131 19511 16519 E1191 15111 15111 1		TII BIĞIF MIDI	
22   Suite, Apt. #, etc.   Suite, Apt. #,						·	1 .		Report
Solicy Apt 4, etc.    20	2. Principal Place of Business 2a. Mailing Address			.,,.			1 <u>7.71.</u>		Applied For
City & State  Ci	21 26					59-2008582		N N	lot Applicable
Country 29   State   Country 29   Trues Fund Contribution   S\$ 50.00 May De 20   Added to Fees   Page 10   Added to Fees   Page 10   Pag	Suite, Apt	#, etc.	<del></del>			5. Certificate of Status Desired		<b>4</b>	
29	City & State	c	City & State			6. Election Campaign Financing		\$5.00	) May Be
28	23		28			Trust Fund Contribution			
PHILLIPS, PHILLIPS AWY 39 JACKSONVILLE, FL 32207  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 list regulations or registered agont, or both in the State of Florida, Such change was submitorized by the corporation's board of disloctors. I hereby accept the appointment as regulate agont, or both in the State of Florida, Such change was submitorized by the corporation's board of disloctors. I hereby accept the appointment as regulate agont and manuals with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature Regulate agont, or both in the State of Florida, Such change was submitorized by the corporation's board of disloctors. I hereby accept the appointment as regulate agont agont in a familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature Regulate agont, or both in the State of Florida, Such change was submitted by the corporation's board of disloctors. I hereby accept the appointment as regulate agont agont and the residual properties of the purpose of changing its regulation of such agont and the regulate agont and the residual properties of the purpose of changing its regulation of such agont agont and the residual properties of the purpose of changing its regulation of such agont and the regulate agont and the residual properties of the purpose of changing its regulation of such agont and the regulate agont and the residual properties agont and the regulate agont and the residual properties agont and the res	Zip Country		Zip Country					s. 199,032,	
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FRILLIPS, PHILLIPS HWY 39 JACKSONVILLE, FL 32207  82   City   FL   85   Zip Code  84   City   FL   85   Zip Code  85   City   FL   85   Zip Code  86   City   FL   85   Zip Code  87   City   FL   87   Zip Code  88   City   FL   88   Zip Code  89   City   FL   87   Zip Code  89   City   FL   88   Zip Code  89   City   FL   87   Zip Code  90   Charge   Ad  90   Charge	L	9. Name and Address of Currer	nt Registered Agent		1	10, Name and Address of New Reg	platered A	gent	
JACKSONVILLE, FL 32207  85 City FL  86 City FL  86 City FL  86 City FL  87 City FL  88 Diporter Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of directors. I hereby accept the appointment as register against or the configuration of registered against or the configuration of registered against in the State of Frencha Statutes. The above registered against in the State of Frencha Statutes. The above registered against in the State of Frencha Statutes.  SIGNATURE  SIGNATURE  12. OFFICER AND DIFECTORS 1 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHA	,					roce (P.O. Boy Number is Not Assentab	lo)		
B3					Street Address (P.U. Box Number is Not Acceptable)				
11. Pursuant to the provisions of Socions 607.0502 and 607.1508. Florida Statuties, the above-named corporation submits this statement for the purpose of changing its register organized 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 register agent. I am familiar with an advance that no displacence agent and the flaquocable (MOTE Registered Agent agricular required when remusaling)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. PUBLIES BY 3728 PHILLIPS HWY 39  13. STREET ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTIRE  POT	ſ	•		83			***************************************		***************************************
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 register office or registered agont, or both in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agont. I arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12.  OFFICERS AND DIRECTORS  13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTIRE  14.  DOFFICERS AND DIRECTORS IN 12 INTIRE  15.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTIRE  15.	-	-			City			les   Zie	Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above-named composition submits this statement for the purpose of changing its register office or registered approt. or both in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register adjoint or the provision of the purpose of changing its register adjoint or the purpose of changing its register	1			84	City		FL	85   Zip	, cooe
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NAME   PHILLIPS, PHILLIP B JR   12 NAME   13 STREET ADDRESS   3728 PHILLIPS HWY 39   13 STREET ADDRESS   14 CITY-\$1-2P	<b></b>					ADDITIONS/OFFAIGES TO OFFIC	LING AND		
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CITY-ST-ZIP					T ADDUCCC				
DELETE   Change   Ad									
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200000000000000000000000000000000000000	CITY-ST-ZiP			6.4 CITY-	ST-ZIP				

. I do 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 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

MONATURE AND TYPED OF THE NAME OF SIGNING OFFICER OF DIRECTOR

1/29/97

(904)359-022