FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** (5)EAGER CONTRACTING, INC. Principal Place of Business Mailing Address P.O.BOX 1114 P.O.BOX 1114 325 CALUSA ST 325 CALUSA ST KEY LARGO FL 33037 KEY LARGO FL 33037 3. Date Incorporated or Qualified 3a. Date of Last Report 09/14/1987 08/11/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0009642 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EAGER, GEORGE W., JR 82 Street Address (P.O. Box Number is Not Acceptable) 325 CALUSA ST KEY LARGO FL 33037 83 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (12/95) DILE DELETE 1 1 TITLE Change Addition EAGER, GEORGE W. JR NAME 1.2 NAME CR2E034 STREET ADDRESS 325 CALUSA ST 1.3 STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 1.4 CITY-ST-ZIP TITLE DELETE 2 1 TITLE □ Channe ☐ Addition NAME EAGER, LISA MARIE 2.2 NAME STREET ADDRESS 325 CALUSA 2.3 STREET ADDRESS KEY LARGO FL CITY-ST-ZIP 24 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - 2IP TITLE DELETE 4 1 TITLE [ ] Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$T - 7IP TITLE DELETE 6 1 TOLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - S1 - 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 appears in Block 12 or Block 3 if changed, or on an attachment with an address. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF FIGNING OFFICER OR DIRECTOR LOS TO DESCRIPTION AND TYPED OR PRINTED NAME OF FIGNING OFFICER OR DIRECTOR