FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT# 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90141 022 ***158.75

EAGER	CONTRACTING, INC.						
Principal Place	e of Business	Mailing Address				HOU DING EIRU	ALBIT BIETH (EB)
P.O.BOX 1114 P.O.BOX 1114 325 CALUSA ST 325 CALUSA ST KEY LARGO FL 33037 KEY LARGO FL 33037					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 09/14/1987		
	tace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21 172		26 P.O.BOX 2	13-9-		65-0009642		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & Stat	liston FL	City & State	\sim	FL	Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year In	tangible	
24 326°	76 25 USIX	29 32696 30) U	42	Personal Property Tax.	☐ Yes	<u>□</u> N₀
	9. Name and Address of Current	Registered Agent	941		10. Name and Address of New Registered	Agent	
EAG	ED CEODGE W ID		81	Name			
EAGER, GEORGE W., JR 325 CALUSA ST			82	32 Street Address (P.O. Box Number is Not Acceptable)			
KEY LARGO FL 33037			83				
			84	City	 FL	85 Zip	Code
11. Dursupert to the provisions of Sections 507 0502 and 607 1508. Florida Statutes, the above-pament corporation submits this statement for the purpo							s 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent arginature required when reinstating) . OATE							
12.	OFFICERS AND DIRECTORS 13.		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
TITLE	•		1.1 TITLE		Director	☐ Change	Addition
NAME	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		12 NAME		George Eager St.		
STREET ADDRESS			1.3 STREET	ADDRESS	325 Calusa		1
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		14 CITY-ST	-ZIP	Key Largo, FL 33037		
TITLE	S DELETE 2.1 TI		2.1 TITLE		Secretary	Change	Addition
NAME	EAGER, LISA MARIE		2.2 NAME	Ì	Lisa Marie Eagel		
STREET ADDRESS	V-V:		2.3 STREET ADDRESS		Lisa Marie Eagel P.O. BOX 222 275mst 17253 NE 75mst		
CITY-ST-ZIP			2.4 CITY-ST	r-ZIP	Williston, FL 32696		
TITLE ·	F (Core)		3.1 TITLE			☐ Change	☐ Addition
NAME	6 -60 -		3 2 NAME				
STREET ADDRESS			3.3 STREET				
C/TY-ST-ZIP			3.4. CITY-ST 4.1 TITLE	r-ZIP		Change	Addition
TITLE			4. 2 NAME)			
NAME STREET ADDRESS			4.2 NAME 4.3 STREET	ADDRESS			
			4.4 CITY-ST				
CITY-ST-ZIP	,	☐ DELETE	5,1 TITLE			Change	Addition
NAME		_	5.2 NAME			-	
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST	-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME	1			{
STREET ADDRESS			6.3 STREET	ADDRESS			

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

4130/99