

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V44005**  
1. Corporation Name  
**EAGLE CONSTRUCTORS, INC.**

6-5-96 6-6719 -C  
(9)



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: **235 Gulf Beach Drive**

2a. Mailing Address: **235 Gulf Beach Drive**

23. City & State: **St. George Island, Fl.**

28. City & State: **St. George Island, Fl.**

24. Zip: **32328**

25. Country: **USA**

29. Zip: **32328**

30. Country: **USA**

3. Date Incorporated or Created: **06/16/1992**

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

4. FIC Number: **59-3129512**

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(0)(2) 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  
**Morris Palmer  
235 Gulf Beach Drive  
St. George Island FL 32328**

11. Pursuant to the provisions of Section 607.01, Florida Statutes, the undersigned corporation certifies this statement for the purpose of changing its registered office location with and without the effect of a change of jurisdiction to Florida Statutes. I hereby accept the appointment as registered agent.

SIGNATURE: *Morris Palmer* **5-28-96**

12. OFFICERS AND DIRECTORS

TITLE	DST	<input checked="" type="checkbox"/> OFFICER
NAME	JOHNSON BEN	
STREET ADDRESS	1234 TIMBERLANE RD	
CITY-STATE-ZIP	TALLAHASSEE FL	
TITLE	P	<input type="checkbox"/> DIRECTOR
NAME	PALMER, MORRIS	
STREET ADDRESS	1234 TIMBERLANE RD	
CITY-STATE-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DIRECTOR
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DIRECTOR
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

14. I do hereby certify that the information reported with this report is true and correct to the best of my knowledge and belief, and that the officers and directors named herein have the same legal effect as if made under oath. That I am an officer or director of the corporation and that my signature shall have the same legal effect as if made under oath. I am responsible for the execution of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am an officer of the corporation.

SIGNATURE: *Morris Palmer* **MORRIS PALMER 5-28-96 927-2800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)