

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90083 001 ***150.00

DOCUMENT # V44005

1. Entity Name

EAGLE CONSTRUCTORS, INC.

Principal Place of Business

Mailing Address

235 GULF BEACH DR W
 ST GEORGE ISLAND FL 32328
 US

P.O. BOX 446
 EAST POINT FL 32328-0446
 US

2. Principal Place of Business

82 Sixth Street

3. Mailing Address

P.O. Box 159

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Apalachicola, FL

City & State
 Port St. Joe, FL

4. FEI Number
 59-3129512

Applied For
 Not Applicable

Zip
 32320

Country

Zip
 32457-0159

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALMER, MORRIS
82 SIXTH STREET
THE CHAPMAN HOUSE
APALACHICOLA FL 32320

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P**
PALMER, MORRIS
 STREET ADDRESS **873 BAYSHORE DRIVE**
 CITY-ST-ZIP **ST GEORGE ISLAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **111 Cabell Drive**
 CITY-ST-ZIP **Port St. Joe, FL 32456**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

850-653-4100

Date

Daytime Phone #

C-0240111