

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90027 017 ***150.00

DOCUMENT # 335843

1. Corporation Name

ESSLINGER-WOOTEN-MAXWELL, INC.

Principal Place of Business

1360 S.DIXIE HWY.
CORAL GABLES FL 33146

Mailing Address

1360 S.DIXIE HWY.
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1968

4. FEI Number

59-1220247

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

SHUFFIELD, RONALD A.
1360 S.DIXIE HWY.
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 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 signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

☐ DELETE

TITLE CD
NAME HARPER, ALLEN C.
STREET ADDRESS 1360 S.DIXIE HWY.
CITY-ST-ZIP CORAL GABLES FL

TITLE PSD
NAME SHUFFIELD, RONALD A.
STREET ADDRESS 1360 S.DIXIE HWY.
CITY-ST-ZIP CORAL GABLES FL

TITLE V
NAME STRICKROOT, BLAIR C.
STREET ADDRESS 1360 S. DIXIE HWY.
CITY-ST-ZIP CORAL GABLES FL

TITLE V
NAME JONES, SHERRIE L.
STREET ADDRESS 1360 S. DIXIE HWY.
CITY-ST-ZIP CORAL GABLES FL

TITLE V
NAME ROCK ARLENE
STREET ADDRESS 1360 S. DIXIE HWY.
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE V
NAME BUTLER, ELIZABETH B.
STREET ADDRESS 1360 S.DIXIE HWY.
CITY-ST-ZIP CORAL GABLES FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE
1.2 NAME Gonzalez, Nelson
1.3 STREET ADDRESS 1360 S. Dixie Hwy
1.4 CITY-ST-ZIP Coral Gables, FL

2.1 TITLE
2.2 NAME Percal, Esther
2.3 STREET ADDRESS 1360 S. Dixie Hwy
2.4 CITY-ST-ZIP Coral Gables, FL

3.1 TITLE
3.2 NAME Machado, Norbert
3.3 STREET ADDRESS 1360 S. Dixie Hwy
3.4 CITY-ST-ZIP Coral Gables, FL

4.1 TITLE
4.2 NAME Carrier, Sandra S.
4.3 STREET ADDRESS 1360 S. Dixie Hwy
4.4 CITY-ST-ZIP Coral Gables, FL

5.1 TITLE
5.2 NAME Hostutler, Joan A.
5.3 STREET ADDRESS 1360 S. Dixie Hwy
5.4 CITY-ST-ZIP Coral Gables, FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

Ronald A. Shuffield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

305-667-8871

Daytime Phone #

CR2E034 (1/98)