FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 4:00

DOCUMENT # **597766** **(5)**

1. Corporation Name
EWING AND LYLE, INC.

Principal Place of Business	Mailing Address
5150 EWING ROAD BARTOW FL 33830	5150 EWING ROAD BARTOW FL 33830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/19/1978**
3a. Date of Last Report: **02/15/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-1874717** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24
Country — 25
Zip — 29
Country — 30
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EWING, BENJAMIN F. **5160 E. EWING ROAD** **BARTOW, FL MH 33830**	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 date if applicable (NOTE: Registered Agent signature required when reinstating) (All)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	11 TITLE	☐ Change ☐ Addition
NAME	EWING, BEN F	12 NAME	
STREET ADDRESS	5160 E EWING RD	13 STREET ADDRESS	
CITY-ST-ZIP	BARTOW, FL 00000	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	LYLE II, J W	22 NAME	
STREET ADDRESS	399 OLD LAKELAND RD	23 STREET ADDRESS	
CITY-ST-ZIP	BARTOW, FL 00000	24 CITY ST ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	EWING, MITCHELL E	32 NAME	
STREET ADDRESS	5150 EWING RD	33 STREET ADDRESS	
CITY-ST-ZIP	BARTOW, FL 00000	34 CITY ST ZIP	
TITLE	VPS	41 TITLE	☐ Change ☐ Addition
NAME	LYLE, RONALD W.	42 NAME	
STREET ADDRESS	2700 N. BEACH RD.	43 STREET ADDRESS	
CITY ST ZIP	ENGLEWOOD FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST 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)(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.

2/20/95

SIGNATURE: Mitchell E. Ewing Mitchell E. Ewing, President (813) 533-4336
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

044F01 FP