

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 597766

FILED
Oct 01, 2009
Secretary of State

Entity Name: EWING AND EWING, INC.

Current Principal Place of Business:

5160 EWING ROAD
FORT MEADE, FL 33841 US

New Principal Place of Business:

Current Mailing Address:

5160 EWING ROAD
FORT MEADE, FL 33841 US

New Mailing Address:

FEI Number: 59-1874717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EWING, BENJAMIN F.
5160 E. EWING ROAD
FORT MEADE, FL 33841 US

Name and Address of New Registered Agent:

EWING, BENJAMIN F MR
5160 E. EWING ROAD
FORT MEADE, FL 33841 US

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: BENJAMIN F EWING

10/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EWING, BEN F
Address: 5160 E EWING RD
City-St-Zip: FORT MEADE, FL 33841

Title: VPD () Delete
Name: EWING, JACQUELINE A
Address: 5160 EWING RD
City-St-Zip: FORT MEADE, FL 33841

Title: STD () Delete
Name: BIRGE, DOROTHY R
Address: 160 W HOOKER
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EWING, BENJAMIN F
Address: 5160 E EWING RD
City-St-Zip: FORT MEADE, FL 33841

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN F EWING

PRES

10/01/2009

Electronic Signature of Signing Officer or Director

Date