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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F9700004285 (9)

JAMES CONWAY ENGINEERING. INC.

Mailing Address Principal Place of Business P.O. BOX 688 BROOKLINE NH 03033 P.O. BOX 688 BROOKLINE NH 03033 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/14/1997 2. Principal Place of Business 2s. Mailing Address FEI Number Applied For 04-3036258 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Vo No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** JEWETT, ROBERT Name 12832 IONA RD. Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33908 84 City 85 Zip Code 11. Pursuant to the provisions of Soctions 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) (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change Addition CONWAY, JAMES N NAME 1.2 NAME CR2EG94 **181 ROUTE 13** STREET ADDRESS 1.3 STREET ADDRESS **BROOKLINE NH 03033** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE CONWAY, JANE NAME 22 NAME 191 BROOKLINE ST. STREET ADDRESS 2.3 STREET ADDRESS PEPPERELL MA 01463 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE STAFFORD, STEVEN R NAME 3.2 NAME **181 ROUTE 13** STREET ADDRESS 3.3 STREET ADDRESS **BROOKLINE NH 03033** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE WILDER, JOYCE A NAME 4. 2 NAME **181 ROUTE 13** STREET ADDRESS 4.3 STREET ADDRESS **BROOKLINE NH 03033** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME

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 arrival 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, of on an attachment with an address.

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6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

comes

4-21-98

FILED

May 01 1998 8:00am

Secretary of State