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

**PROFIT** CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

G88984

(1)

DEW ENGINEERING, INC.

Principal Place of Business Mailing Address 1015 FLUSHING AVE 1015 FLUSHING AVE P.O. BOX 5033 P.O. BOX 5033 CLEARWATER FL 34618-5033 CLEARWATER FL 34618-2033 3. Date Incorporated or Qualified 3a, Date of Last Report 03/06/1984 04/26/1996 Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2403825 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 **Trust Fund Contribution** Added to Fees Country Zip Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name WATT, DAVID E. 1015 FLUSHING AVE. Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34624** 83 RA 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 Slig laters. Typest or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE THLE PD 1.1 TITLE NAME WATT, DAVID E. 1.2 NAME 1015 FLUSHING AVE 1.3 STREET ADDRESS STREET ADDRESS CLEARWATER FL 1.4 CITY - ST- ZIP CITY - S1 - 2(F Addition DELETE Change TITLE 2 1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TILLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-2IP C/TY - ST - ZIP Addition DELETE Change 4.1 TITLE 1011 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CiTY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-2iP DELETE Addition 6.1 TITLE TIFLE NAMÉ 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

14. I go hereby certify that the information supplied with this filling 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 topporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name Lam an officer or director of the appears in Block 12 or Block

6.4 CITY-ST-ZIP

SIGNATURE:

DAVID E. WATT

**FILED** 

Apr 08 1997 8:00am

Secretary of State