FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # **K85468**

(2)

DAW ENGINEERING, INCORPORATED

Principal Place of Business Malling Address							 	II FOII GIGA DIO	it Andrii A	HOR WHOM DIDIN HODI	
% DAVID A. WHITSTON 300 SW 38 ST OCALA FL 32674		% DAVID A. WHITSTON 300 SW 38 ST OCALA FL 32674									
					3. Date Incorporated or Qualified 05/02/1989	3a. Date of Last Report 04/27/1995					
2. Principal Pla	ce of Business	2a. Mailing Address					4. FEI Number			Applied For	
21		26	9- 330	27	77 .	<u>5</u>	NOT APPLICABLE			Not Applicable	
Suite, Apt. #		Suite, Apt. #, etc.					5. Certificate of Status Desired	[]		75 Additional e Required	
City & State		City & State					Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees	
Zip	Country	Zip	Cou	ntry			8. This corporation has liability for	ntangible tax			
24	25	29	30			· · · · · · · · · · · · · · · · · · ·	Florida Statutes X Yes No				
	9. Name and Address of Currer	nt Registered Agent		641	<u> </u>		10. Name and Address of New R	egistered A	gent		
14 n 1755	011 B41#B 4			81	Nam	B					
	ON, DAVID A.		82 Street Add			t Addre	ss (P.O. Box Number is Not Acceptab	le)			
300 SW	38 ST FL 32674			83							
	1 6 06014			84	City				Top!	7io Codo	
					•			FL		Zip Code	
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the abo	ve-n	amed	corpora	ation submits this statement for the pur of directors. I hereby accept the appo	pose of char	iging it:	s registered office	
familiar with	n, and accept the obligations of, Sect	ion 607.0505, Florida Statutes	3.	ωμ	Jiation	5 DODIO	or directors. Thereby accept the appo	DIFFICITION AS I	agisten	eo agent. i am	
SIGNATURE _											
	Signature, typed or printed name of registered agent			Agent	i signatur	u required u	when reinstating)	DATE			
12.	PVD OFFICERS AN	D DIRECTORS DELETE	13.	7. r			ADDITIONS/CHANGES TO OFFI			<u>-</u>	
NAME	WHITSTON, DAVID A.	ריין טבנבוב	1.11					L.,] Change	e	
STREET ADDRESS	300 SW 38 ST		1.2 NA		A DDDCG						
CITY-SI-ZIP	OCALA FL				ADDRES:	·					
TITLE	STD	☐ DELETE			\$T-ZIP				Change	e	
NAME	WHITSTON, GEORGIA L.	<u> </u>		2.2 NAME				L	- Change	7 10011017	
STREET ADDRESS	300 SW 38 ST		2.3 STREET ADDRESS		,						
CITY-ST-ZIP	OCALA FL	MALA EL			- ZIP						
TITLE	DELETE			3. 1 TITLE					Change	e	
NAME			3 2 NA	ME				_			
STREET ADDRESS			3 3. ST	TREET	ADDRES	s					
CITY-ST-ZIP			3.4 CI	TY-\$1	- ZIP						
TITLE		☐ DELETE	4 1 TI	TLE					Change	e 🔲 Addition	
NAME			4 2 NA	ME .			50000179 -04/26/36010	2001			
STREET ADDRESS			4 3 ST	REET /	ADDRES:	:	***200.00	50 OI	,		
CITY-ST-ZIP			4.4 Di								
THILE		DELETE	5. 1 Ti	TLF '					Change	e 🔲 Addition	
NAME			5.2 NA	ME							
STREET ADDRESS					ADDRESS	·					
CITY-ST-ZIP TITLE		DELETE	5.4 CIT		- ZIP	+		F-1	Chan	A A A A A A A A A A A A A A A A A A A	
			6 1 10					L	Change	Addition	
NAME STREET ADDRESS			6.2 NA		I DODGG				4	ACI	
CITY-ST-ZIP					ADDRESS	1			u	-25-01	
14. I do hereby	certify that the information supplied	with this filing is voluntarily furn	6.4 CII nished and d	does	not n	Jalify for	r the exemption stated in Section 119.	07(3)(k). Flori	da Stat	utes. I further	
certify that t	the information indicated on this annu	Jai report or supplemental ann	iual report is	s true	e and :	occurate	e and that my signature shall have the report as required by Chapter 607, Flo	same legal e	ffect as	if made under	
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26/96 352-137-3503