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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # K85468**

1. Corporation Name

Principal Place of Business

DAW ENGINEERING, INCORPORATED

US  2. Frincipal Place of Business 2. A Mailing Address 2. A Mailing Address 3. 4. FEI Number 5. South, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Suite, Apt. #, et	% DAVID A. WHITSTON 300 SW 38 ST OCALA FL 34474		% DAVID A, WHITSTON 300 SW 38 ST OCALA FL 32674		DO NOT WRITE IN THIS SPACE				
Souts, Apt, #, etc.									
Sulfe, Apt. #, etc.	2. Principal P	lace of Business	2a. Mailing Address			1		Appl	ed For
Suite, Apl #, etc.    Suite, Apl #, etc.   Suite, Apl #, etc.   Suite, Apl #, etc.   Suite, Apl #, etc.   Suite   Suit			26			<b>59-3307775</b> No		Not /	Applicable
City & State		#, etc.	Suite, Apt. #, etc.			E. Codificate of Status Designed			
City & State   City & State   28	22		27			5. Certificate of Status Desired	- Fe	e Regi	uired -
Zip Country Zip Country Zip Country Zip Country 28 Into corporation owes the current year intanglebo Personal Property Tax.   "es   No Personal Property Tax.   "es   No No Personal Property Tax.   "es   No	City & Stat	e	<del>}-</del> -, '			1 11			
### 10. Name and Address of New Registered Agent  ###################################	Zip		_ <del>                                    </del>	Country		Personal Property Tax.	☐ Yes	ַ	]No
WHITSTON, DAVID A. 300 SW 38 ST OCALA FL 32674  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 registere office or registered agent, or both, in the State of Florida, Such charge was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered of the purpose of changing its registered of the corporation with a purpose of changing its registered office or registered agent of registered agent and state if appealable.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADMAC  14. ADMAC  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADMAC  16. ADMAC  SIRRETADORESS  CITY-ST-2P  SIGNATURE  SIGNATURE  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADMAC  12. ADMAC  13. SIRRETADORESS  CITY-ST-2P  SIGNATURE  SIGNATURE  14. ADMAC  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADMAC  15. SIRRETADORESS  CITY-ST-2P  SIGNATURE  SIGNATURE  SIGNATURE  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADMAC  15. SIRRETADORESS  CITY-ST-2P  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  15. TITLE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  15. TITLE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  15. TITLE  SIGNATURE  SIGNAT		9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered A	gent		
300 SW 38 ST CCALA FL 32674  82 Street Address (P.O. 90X Number is Not Acceptable)  83 Ed. 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, I hereby accept the approximent as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PVD OFFICERS AND DIRECTORS IN 12  TITLE VHITISTON, DAVID A.  STREET ADDRESS OCTYST-ZP OCALA FL		7010 DALAD A		81	Name				ł
B4   City	300	SW 38 ST		82	Street Add	fress (P.O. Box Number is Not Acceptable)			
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, or both, and accept the obligations of, Section 607.0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  PVD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  112 NAME  HITTSTON, DAVID A.  112 NAME  112 NAME  113 NAME  114 NAME  115 NAME  115 NAME  115 NAME  116 NAME  117 NAME  117 NAME  118 NAME  NAME  NAME  NAME  SITERET ADORESS  CITY-ST-2P  OCALA FL  118 DELETE  118 TITLE  118 TITLE  118 DELETE  118 TITLE  118	OCA	NLA FL 32674		83					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 807.05055, Florida's Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PVD  OCALA FL  12. NAME  WHITSTON, DAVID A.  12. NAME  WHITSTON, DAVID A.  13. STREET ADDRESS  OCALA FL  14. CITY-ST-ZP  OCALA FL  14. CITY-ST-ZP  OCALA FL  14. CITY-ST-ZP  OCALA FL  15. STREET ADDRESS  15. CITY-ST-ZP  OCALA FL  15. STREET				84	City	FL.	85	Zip Co	de
TITLE PVD DELETE 1.1 TITLE	agent. I a	im familiar with, and accept the oblig	ations of, Section 607.0505, Florida	Statutes	i.	red when reinstating) DATE			
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				6.3 STREE	T ADDRESS				

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 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 of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90006 005 \*\*\*150.00