

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09827

(7)

1. Corporation Name

ESTIMATION, INC.



Principal Place of Business

805L BARKWOOD COURT
LINTHICUM HEIGHTS MD 21090

Mailing Address

805L BARKWOOD COURT
P O BOX 488
LINTHICUM HEIGHTS MD 21090
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/18/1986

3a. Date of Last Report

02/09/1995

4. FEI Number

52-0987579-52-1493611

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOHERVILLE
SOMMERVILLE, DIANE
728 LAGOON DR
NO PALM BCH FL 33408

10. Name and Address of New Registered Agent

81 Name

SOHERVILLE, DIANE

82

Street Address (P.O. Box Number is Not Acceptable)

83

84 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 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

Diane Somerville
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

2/27/96

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	LLEWELLYN, GEORGE M.	
STREET ADDRESS	2226 SPRING LAKE DRIVE	
CITY- ST- ZIP	TIMONIUM MD	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	JUBB, J T	
STREET ADDRESS	3227 FOSTER AVE	
CITY- ST- ZIP	BALTIMORE MD	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LLEWELLYN, G MICHAEL	
STREET ADDRESS	1841 BARRINGTON DR	
CITY- ST- ZIP	YORK PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WAGNER, MARK	
STREET ADDRESS	3751 JARRETTSVILLE PIKE	
CITY- ST- ZIP	JARRETTSVILLE MD	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GOODWIN, ROBERT W	
STREET ADDRESS	1324 APPALOOSA RD	
CITY- ST- ZIP	BOULDER CITY NV	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Jubb

2/20/96

406-636-5680

CR2E034 (12/95)