

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90050 045 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P09827**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/18/1986**

4. FEI Number

**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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**SOMERVILLE, DINE  
728 LAGOON DR  
NO PALM BCH FL 33408**

10. Name and Address of New Registered Agent

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **C** ☒ DELETE  
NAME **LLEWELLYN, GEORGE M.**  
STREET ADDRESS **#2 BALLINDINE CT UNIT 301**  
CITY-ST-ZIP **TIMONIUM MD**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VST** ☒ DELETE  
NAME **JUBB, J T**  
STREET ADDRESS **430 HILLVIEW DR, APT 101**  
CITY-ST-ZIP **LINTHEUM MD 21090**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **P** ☐ DELETE  
NAME **LLEWELLYN, G MICHAEL**  
STREET ADDRESS **1841 BARRINGTON DR**  
CITY-ST-ZIP **YORK PA**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **V** ☐ DELETE  
NAME **WAGNER, MARK**  
STREET ADDRESS **3751 JARRETTSVILLE PIKE**  
CITY-ST-ZIP **JARRETTSVILLE MD**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **V** ☐ DELETE  
NAME **GOODWIN, ROBERT W**  
STREET ADDRESS **1324 APPALOOSA RD**  
CITY-ST-ZIP **BOULDER CITY NV**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:

*Michael H. McCraw Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/99*  
Date

*410 636-5680*  
Daytime Phone #

CR2E034 (11/98)