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

2a. Mailing Address

Suite, Apt. #, etc.

26

27

PROFIT CORPORATION ANNUAL REPORT 1998

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

21

22



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400058022 (2)

JEFFREY J. JEWITT, P.E., INC.

Principal Place of Business Mailing Address

623 BAYSIDE DRIVE 623 BAYSIDE DRIVE
FT MYERS FL 33919 FT MYERS FL 33919

FILED Feb 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

4321550

Not Applicable

3. Date incorporated or Qualified

05/09/1994

65-0515661

5. Certificate of Status Desired

| 23 | ity & State | | | | | | Election Campaig | , | _ | | D мау Ве | | | | |
|---|---|---|--|--|--|------------------------------|---|---------------------------------------|--|--|--|---------------------------------------|--|---|--|
| Zip | Country | | | Zip Cor | | | | | | Trust Fund Contribution | | | Added to Fees | | |
| 24 | Country | | | | | ountry | | | 8. This corporation dwes or has paid the current year Intangible | | | | | | |
| 24 25 29 30 | | | | | | | Personal Property Tax due June 30. Yes No. Name and Address of New Registered Agent | | | | | | | □ No | |
| | | | | | | | Name | | 10. | Name and Addre | SS Of New Reg | jistered A | Agent | | |
| JEWITT, JEFFREY J P.E. | | | | | | | Maille | 5 | | | 1 | | | | |
| 623 BAYSIDE DRIVE | | | | | | | Street | t Address | s (P. | O. Box Number is | Not Acceptable | ie) | | | |
| FT MYERS FL 33919 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | FL | 1 | 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. | | | | | | | | | | | | | | | |
| agent. I am ramiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE | | | | | | | | | | | | | | | |
| | Signature, typed or p | rinted name of regist | ered agent and title if ap | ed Age | nt signatur | re required w | hen r | einstating) | | DATE | | | | | |
| 12, | | OFFICE | RS AND DIRECTO | | 13. | | | | Al | DDITIONS/CHAN | GES TO OFFIC | ERS AND | DIRECTO | RS IN 12 | |
| TITLE | PT | | | ☐ DELETE | 1.11 | TITLE | | | | | | | Change | Addition | |
| NAME | JEWITT, JEFFREY J | | | | 1.2 N | | | | | | | | | | |
| STREET ADDRESS | 623 BAYSIDE DRIVE | | | | 1.3 STR | | aodress | | | | 1 | | | | |
| CITY - ST - ZIP | FT MYERS | <u>FL</u> | | | | CITY - ST | - ZIP | ļ | | | | | | | |
| TITLE | VSD | | | ☐ DELETE | 2.11 | TTLE | | | | | İ | | Change | Addition | |
| NAME | JEWITT, MA | | | | 2.2 1 | AME | | | | | | | | İ | |
| STREET ADDRESS | 623 BAYSII | | | | 2.3 \$ | STREET / | ADDRESS | | | | | | | | |
| Crty-St-ZiP | FT. MYERS | <u>FL</u> | | | | CITY-S | r-ZIP | | | | <u> </u> | | | | |
| TITLE | | | | ☐ DELETE | 3.1 T | | | | - | | 1 | l | Change | ☐ Addition | |
| NAME | | | | | 3.2 N | IAME | | - | | | | | | | |
| STREET ADDRESS | | | 3.3 \$ | TREET A | ADDRESS | İ | | | | | | | | | |
| CITY-ST-ZIP | | | | 1 | | CITY-SI | r-ZIP | | | | \ | | | | |
| TITLE | | | | ☐ DELETE | 4.1 T | ITLE | | | | | | Į. | ! Change | Addition | |
| NAME | | | | | 4.21 | NAME | | | | | | | | | |
| Street Address | | | | | 4.3 S | TREET A | DDRESS | | | | 1 | | | | |
| CITY-ST-ZIP | | | | - I neles | | ITY-ST | - ZIP | ļ | | | | | | | |
| TITLE | | | | L_ DELETE | 5.1 T | | | | | | | Ţ | Change | ☐ Addition | |
| NAME | | | | | 5.2 N | AME | | | | | 1 | | | Ì | |
| STREET ADDRESS | | | | | 5.3 S | TREET A | DDRESS | | | | | | |] | |
| CITY-ST-ZIP | | | | Classer | | ITY-ST | - ZIP | | | | | | 1 | | |
| TITLE | | | | ☐ DELETE | 6.1 T | | | | | | 1) 12 | L | Change | Addition | |
| NAME | | | | | 6.2 N | | | | | | | | | | |
| STREET ADDRESS | | | | | | | DDRESS | | | - | -+ | | | | |
| CITY-ST-ZIP | ertify that the int | ormation cure | lad with this fitter | door got av-15 | 6.4 C | TY-ST- | ZΙΡ | | 4: | 110 07/01/11 51 | Iron on the second | .0 | | <u></u> | |
| indicated of officer or of Block 12 of | on this annual redirector of the coor Block 13 if chapter | eport or supple eport or supple erporation or the anged, or on a | mental annual repertation of the state of th | oort is true and a lee empowered i any address | y for the exe sccurate an to execute : | emption d that this re | on state my sig port as | ed in Sec gnature si s required | non nali i i by | 119.07(3)(i), Flori have the same led Chapter 607, Flori | ga Statutes. I fugal effect as if ninda Statutes; an | irther cert nade und nd that my | ify that the er oath; th / name ap | e information at I am an pears in | |