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FILED

May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000057856 (3)

1. Corporation Name

EWING ASSET MANAGEMENT, INC.



Principal Place of Business

100 NORTH TAMPA STREET  
SUITE 2100  
TAMPA FL 33602

Mailing Address

100 NORTH TAMPA STREET  
SUITE 2100  
TAMPA FL 33602-5186

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

07/24/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3334578

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

D'ADAMO, JEFFREY A  
100 NORTH TAMPA STREET  
SUITE 2100  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

Charles E. Harris

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

1030 North Orange Avenue

83

Suite 300

84 City

Orlando

FL

85 Zip Code

3 2 8 0 1

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

*Charles E. Harris*

CHARLES E. HARRIS

4/28/97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HARRIS, CHARLES  
STREET ADDRESS 1030 N ORANGE AVE. STE 300  
CITY-ST-ZIP ORLANDO FL 32801

TITLE D ☐ DELETE

NAME BISHOP, BENJAMIN C JR  
STREET ADDRESS 60 N LAURA ST. STE 3625  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE DST ☒ DELETE

NAME D'ADAMO, JEFFREY A  
STREET ADDRESS 100 NORTH TAMPA STREET STE 2100  
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE VP/Sec/Treasurer ☐ Change ☒ Addition

12 NAME Janice B. Jones  
13 STREET ADDRESS 100 North Tampa Street, Suite 2100  
14 CITY-ST-ZIP Tampa, FL 33602

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do 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 18 if changed, or on an attached model with an address.

CR2E034 (9/96)